

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|---|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-4-0000326360 |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. | | | Date 09/01/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 1 |
| | | | Ship To: 6433 - Carlsbad: 11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States |

Vendor: 3452452452 6
DEPT OF LICENSING & REGULATION
E O THOMPSON STATE OFFICE BLDG
920 COLORADO ST
AUSTIN TX 787012332
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Purchaser: Hogan, David

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

FY24 funding
EX/0 TGC §771 Interagency Cooperation Agreement
Requisition 230551
PO Service Dates 09-01-2023 through 08-31-2024

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

VENDORS SEND INVOICES VIA EMAIL TO: 710Accounting@hhsc.state.tx.us

Vendor Name: DEPT OF LICENSING REGULATION
Vendor ID: 3452452452
Vendor Contact: DEPT OF LICENSING REGULATION
Vendor Phone: 512-463-6599

Contract Manager:
Ida Montez
325-465-2203
ida.montez@hhs.texas.gov

SME Agency Contact:
Perry Havard
325-465-2300
perry.havard@hhs.texas.gov

PCS contact
David Hogan, CTCD
David.Hogan@hhs.texas.gov
512-776-2004

| | | | | | | | |
|-----|---|--------|------|-----|------------|------------|------------|
| 1-1 | FY24 Service: Miscellaneous fees, and licenses, required DA1-SGSSLC | 963-45 | 1.00 | LOT | 5000.00000 | \$5,000.00 | 09/01/2023 |
|-----|---|--------|------|-----|------------|------------|------------|

Schedule Total \$5,000.00

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| | | | Page 2 |

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| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|---|------------|----------|-----|-------------|------------------------------|-------------|
| | | | | | | Item Total for Line 1 | \$5,000.00 |
| 2-1 | FY24 Services: Sampling fees DA1-SGSSLC | 989-91 | 1.00 | LOT | 10000.00000 | \$10,000.00 | 09/01/2023 |
| | | | | | | Schedule Total | \$10,000.00 |
| | | | | | | Item Total for Line 2 | \$10,000.00 |
| | | | | | | Total PO Amount | \$15,000.00 |

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By



08/18/2023