### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

| Payment Terms<br>Net 30                                                                                                                                                                                                                                                                     | Freight Terms<br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | Purchase Order                                                                                                                                      | HHSTX-4-      | -0000326698 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|--|
| 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                                                                                                                         |                                  |                             | <b>Date</b> 09/01/23                                                                                                                                | Revision Page |             |  |
| conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. |                                  | Ship To:                    | 4547 - Wichita Falls:6515 Kemp Blv<br>HEALTH & HUMAN SERVICES COMMISSION<br>6515 Kemp Blvd<br>PO Box 300<br>Wichita Falls TX 76308<br>United States |               |             |  |
| Vendor: 175                                                                                                                                                                                                                                                                                 | 52770316 3                       |                             | Bill To:                                                                                                                                            | Maintenance   |             |  |

SERVICE LIGHTING & ELECTRICAL SUPPLIES I

DBA 1000BULBS COM 2140 MERRITT DR GARLAND TX 750416135

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

6515 Kemp Blvd PO Box 300

Wichita Falls TX 76308

United States

Email: Allyson.Cruz@hhs.texas.gov

Vasquez Iii,Richard Purchaser: **UOM** Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity PO Price **Extended Amt Due Date** 

OM/F

**BLANKET PURCHASE ORDER** 

TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: # Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT: Givens, Deborah D deborah.givens@hhs.texas.gov +1 (940) 689-5357

SME Information Billing Address: Allyson Cruz, Administrative Assistant II (940) 689-5351 allyson.cruz@hhs.texas.gov 6515 Kemp Wichita Falls, Texas 76308

HHSC BUYER: Richard Vasquez richard.vasqueziii@hhs.texas.gov 512-639-7327

VENDOR: Adrian Aguilar Commercial Account Manager NALID LS 1 1000Bulbs.com DIRECT LINE: 972-543-0551 972-543-0550 Fax 972-288-2277 Ext. 453

Quote 7729315

## **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

| Payment Terms                                                                                                                                                              | 8               | Ship Via |                | ППСТ                                                                                       | V 4 0000336600   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|----------------|--------------------------------------------------------------------------------------------|------------------|--|
| Net 30                                                                                                                                                                     | Prepaid & Allow | BEST WAY | Purchase Order | ппот                                                                                       | X-4-0000326698   |  |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all                                                                                          |                 |          | Date           | Revision                                                                                   | Page             |  |
| specifications, terms, and conditions set forth in the advertisement and vendor's                                                                                          |                 |          | 09/01/23       |                                                                                            | 2                |  |
| conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. |                 |          | Ship To:       | 4547 - Wichita Falls:6515 Kemp Blv<br>HEALTH & HUMAN SERVICES COMMISSION<br>6515 Kemp Blvd |                  |  |
| All shipments, shipping papers, invoices, and correspondence must be identified                                                                                            |                 |          | PO Box 300     |                                                                                            |                  |  |
| with our Purchase Order Number.                                                                                                                                            |                 |          |                | Wichita Falls TX 76308                                                                     |                  |  |
|                                                                                                                                                                            |                 |          |                | United States                                                                              |                  |  |
| · cmaor ·                                                                                                                                                                  | 1752770316 3    |          | Bill To:       | Maintenance                                                                                | Hara dorn Hagron |  |

SERVICE LIGHTING & ELECTRICAL SUPPLIES I

DBA 1000BULBS COM 2140 MERRITT DR GARLAND TX 750416135

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

6515 Kemp Blvd PO Box 300

Wichita Falls TX 76308

United States

Email: Allyson.Cruz@hhs.texas.gov

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

Informal IFB # 225699

PURCHASING METHOD: OM/F

Purchase Not to Exceed \$25,000

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO.

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2024, will be considered cancelled.

Goods and/or services are to be delivered and invoiced after September 1, 2023.

FY24 Funding

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition # 225699

Note: Agency will not order products on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets on this PO.

1-1 285-56 1.00 LOT 20000.00000 \$20,000.00 09/01/2023

Service Lighting & Electrical Supplies/DBA 1000Bulbs Com.-F3E010-F2200-NTSH-WF

| \$20,000.00 |
|-------------|
| \$20,000.00 |
| \$20,000.00 |
|             |

# **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

| Payment Ter   | 8                                                                                                               | Ship Via |                | LUICTY 4 00                                          | 20020000          |
|---------------|-----------------------------------------------------------------------------------------------------------------|----------|----------------|------------------------------------------------------|-------------------|
| Net 30        | Prepaid & Allow                                                                                                 | BEST WAY | Purchase Order | HHSTX-4-00                                           | <i>)</i> 00326698 |
|               | If advertised by informal bid, Invitation for Offer, or Request for Proposal; all                               |          |                | Revision                                             | Page              |
|               | specifications, terms, and conditions set forth in the advertisement and vendor's                               |          |                |                                                      | 3                 |
|               | conforming responses become a part of this numbered purchase order. Contractor                                  |          |                | 4547 - Wichita Falls:6515 Kemp Blv                   |                   |
|               | guarantees goods or services delivered meet or exceed numbered purchase order                                   |          |                | HEALTH & HUMAN SERVICES COMMISSION                   |                   |
| requirements. |                                                                                                                 |          | -              | 6515 Kemp Blvd                                       |                   |
|               | All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. |          |                | PO Box 300                                           |                   |
| with our Pur  | chase Order Number.                                                                                             |          |                | Wichita Falls TX 76308                               |                   |
|               |                                                                                                                 |          |                | United States                                        |                   |
| Vendor:       | 1752770316 3                                                                                                    |          | Bill To:       | Maintenance                                          |                   |
| v chidor.     | SERVICE LIGHTING & ELECTRICAL SUPPLIES I DBA 1000BULBS COM                                                      |          | Din 10.        | HEALTH & HUMAN SERVICES COMMISSION<br>6515 Kemp Blvd |                   |
|               |                                                                                                                 |          |                |                                                      |                   |
|               | 2140 MERRITT DR                                                                                                 |          |                | PO Box 300                                           |                   |
|               | GARLAND TX 750416135                                                                                            |          |                | Wichita Falls TX 76308                               |                   |
|               | United States                                                                                                   |          |                | United States                                        |                   |
|               |                                                                                                                 |          |                |                                                      |                   |
|               |                                                                                                                 |          | Emoile         | Allyson.Cruz@hhs.texas.gov                           |                   |
|               |                                                                                                                 |          | Email:         | Allyson.Cruz@nns.texas.gov                           |                   |
|               |                                                                                                                 |          |                |                                                      |                   |
|               |                                                                                                                 |          |                |                                                      |                   |

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

Quantity

Purchaser:

**UOM** 

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.

Class/Item

Line-Sch

**Inventory Item ID - Line Description** 

purchase elsewhere and charge an increased cost and handling to contractor.

Authorized By

Marchel Vargue DA CTCO, CTCM

Vasquez Iii, Richard

PO Price

Extended Amt

**Due Date** 

08/29/2023