Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		1	HHSTX-4-0000326872	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HH31X-4-0000320012	
	ormal bid, Invitation for Offer, or I		Date	Revision	Page	
	s, and conditions set forth in the ac		09/01/23		1	
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:	Ship To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785			
All shipments, ship	All shipments, shipping papers, invoices, and correspondence must be identified					
with our Purchase Order Number.						
				United States		
	311388104 1		Bill To:	Invoice - DADS	AN SERVICES COMMISSION	

JESSIE ANDERSON 661 N BOLTON ST

JACKSONVILLE TX 757664409

United States

HEALTH & HUMAN SERVICES COMMISSION

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Purchaser: Martinez, David

Line-Sch Inventory Item ID - Line Description Class/Item Quar	tity UOM PO Price	Extended Amt Due Date
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FY24 funding OM/Q Requisition 227233 - Solicitation 227233 PO Service Dates 09/01/2023 to 08/31/2024

Requesting the following:

FY24 Encumbered Amount Requested: \$20,000.00

Term: 9/1/2023 through 8/31/2024

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.

*****PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO **718Accounting@hhs.texas.gov*****

Shipping Code: 5035 Billing Code: 6483

SCOR Division: 19 - State Operated Facilities

Fund: 0001 General Revenue

Justification: Funding for the cleaning, detailing and maintaining the overall cleanliness of the RSH fleet that provides transportation for patients and staff that RSH Maintenance Department is not equipped for.

Vendor:

VIN #: 18113881041 Jessie Anderson 661 N. Bolton St.

Jacksonville, Texas 75744-4409 Vendor Contact: Jessie Anderson Vendor Phone: 903-530-2433

Vendor Email: jranderson.74.ja@gmail.com

Lead Contact: Edward Thornton

Lead Contact Email: Edward.thornton@hhs.texas.gov

Lead Contact Phone: 903-683-3421

Contract Manager: Jerry McClure

Contract Manager Email: jerry.mcclure@hhs.texas.gov

Health and Human Services Commission

Purchase Order

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Payment Terms Net 30 Prepaid & Allow BEST WAY 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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Purchase Order Date 09/01/23 Ship To:	Revision Page 5035 - Rusk: 805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States			
Vendor:	1811388104 1 JESSIE ANDERSON 661 N BOLTON ST JACKSONVILLE TX 757664409 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COM 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		DMMISSION
				Fax: Email:	254/562-1894 718Accounting@l	hhs.texas.gov	
Line-Sch	In the Description	Class/Item	Ouantity	Purchaser: UOM	Martinez,David PO Price	Extended Amt	Due Date
	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	POPrice	Extended Amt	Due Date
Contract M	anager Phone: 903-683-7621						
	nez						
1-1	FY24 (Service) - Fleet vehicle washing/detailing as needed	928-93	1.00	LOT 20	0000.00000	\$20,000.00	09/01/2023
				Sche	edule Total	\$20,000.00	
				Item Total	for Line 1	\$20,000.00	
				Total P	O Amount	\$20,000.00	

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

08/23/2023