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

#### **Purchase Order**

**Dispatch via Print** 

Payment Ter	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-4-0000326875
specifications	by informal bid, Invitation for Offer, or Ros, terms, and conditions set forth in the adv	vertisement and vendor's	<b>Date</b> 09/01/23	Revision	Page 1
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:	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:	1820630858 9 WEST TEXAS BIOMEDICAL LLC 2634 HEMLOCK DR		Bill To:	Invoice - DADS HEALTH & HUMAN SER 2501 Maple St PO Box 451	RVICES COMMISSION

Fax: 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

Abilene TX 79602

United States

Purchaser: Martinez David

Line	e-Sch Inventor	y Item ID - Line Descri	ption Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>	

FY24 funding OM/Q Requisition 232300 - Solicitation 232300 PO Service Dates 09/01/2023 to 08/31/2024

**United States** 

 $F4600\,/\,Services\,/\,FY24\,\,West\,Texas\,Biomedical\,LLC\,/\,TPO\,\,Request\,/\,14,000.00$ 

SCOR Division: 19 HHSC - State Operated Facilities

SCOR Other Subject: DA1-SGSSLC: Inspections, repairs parts

SAN ANGELO TX 76904-6202

NIGP Class: 938-56

UOM: LOT / ACCT: 721000 / 736700

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

**BILL TO INFORMATION** 

Bill to: 4507

Abilene State Supported Living Center

Attn: Accounts Payable

Term: 09/01/2023 thru 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.

Vendor Name: West Texas Biomedical LLC Vendor Address: 2634 Hemlock Dr.

Vendor City Zip: San Angelo, TX 76904-6202

Vendor Contact: Erica Weber

Vendor Contact Phone: 325-245-8490

Vendor Contact Email: westtexasbomedical@gmail.com

Vendor TIN#: 1820630858/9

Contract Manager: Ida Montez Contract manager phone: 325-465-2203

Contract manager email: ida.montez@hhs.texas.gov

SME Agency Contact: Ida Montez

SME Agency Contact phone: 325-465-2203

## **Health and Human Services Commission**

### **Purchase Order**

Ship Via

**Payment Terms** 

Freight Terms

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-0000326875
specification	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the adver	tisement and vendor's	<b>Date</b> 09/01/23	Revision Page 2
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	ts, shipping papers, invoices, and correspo rchase Order Number.	ndence must be identified		11640 N US Hwy 87 Carlsbad TX 76934 United States
Vendor:	1820630858 9 WEST TEXAS BIOMEDICAL LLC 2634 HEMLOCK DR USA SAN ANGELO TX 76904-6202 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Martinez, David PO Price Extended Amt Due Date
	cy Contact email: ida.montez@hhs.texas.			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	nez			
1-1	FY24 Services: Quarterly Preventive Maintenance Inspections DA1-SGSSLC	938-56 1.00	LOT	8000.00000 \$8,000.00 09/01/2023
			Sch	edule Total\$8,000.00
			Item Total	for Line 1 \$8,000.00
2-1	FY24 Services: Equipment Repairs and Parts DA1-SGSSLC	938-56 1.00	LOT	6000.00000 \$6,000.00 09/01/2023
			Sch	edule Total\$6,000.00
			Item Total	for Line 2\$6,000.00
			Total I	PO Amount \$14,000.00

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.

# **Health and Human Services Commission**

## **Purchase Order**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000326875
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.			<b>Date</b> 09/01/23	Revision Page 3
			Snip 10:	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:	1820630858 9 WEST TEXAS BIOMEDICAL LLC 2634 HEMLOCK DR USA SAN ANGELO TX 76904-6202 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us
			Purchaser:	Martinez,David
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	ntity UOM	PO Price Extended Amt Due Date

**Authorized By** 

08/24/2023