Health and Human Services Commission

Purchase Order

Dispatch via Print

D. OT		a + **			Dispe	atch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-4-0	000327326
If advertised by int	formal bid, Invitation for Offer, or F	Request for Proposal; all	Date 09/01/23	Revision		Page
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.		Ship To:	2112 - Austin:909 W 45th St (DHB) HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St (DHB) Ste 271 Austin TX 78751 United States			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						d
S 8 P	900999880 8 OUTH CENTRAL SUPPLY LLC 28 BETTERMAN DR PFLUGERVILLE TX 786605117 J nited States		Bill To:	Bill To: Invoice-HHSC Accou HEALTH & HUMAN 4601 W Guadalupe St Austin TX 78751 United States		OMMISSION
			Fax: Email:	512/424-6901 HHSC_AP@hhs	c.state.tx.us	
			Purchaser:	Connell,Ron Le		
Line-Sch Inve	entory Item ID - Line Description	Class/Item Quantit	ty UOM	PO Price	Extended Amt	Due Date
Requester: Ella E Phone #: +1 (512 Email: Ella.Boyd SHIP TO ATTN: Purchaser Name Phone #: 512-40 Email: ron.conne Vendor Name: S Contact: Joe Ma Phone #: 512-36 Email: sales@st	2) 206-5479 @hhs.texas.gov Ella Boyd, +1 (512) 206-5479, E e: Ron Connell D6-2666 ell@hhs.texas.gov SOUTH CENTRAL SUPPLY LLC artinez 67-0311 upplytexas.com	, ,				
This purchase or	rvices are to be delivered and involved an	nued availability of lawful ap		is Legislature CP	A Procurement Ma	nual, and may
be cancelled at a	any time in whole or part without	penalty.	*****	****		
Quote # Q17566	; *************************************	********	****	****		
number, invoice to the BILL TO A	nyment: The invoice shall contain date, and the total invoice amour NDRESS ON PO. Payment term ly invoice which may delay paym	nt. Each invoice shall also h ns are net thirty days (30) u	have an attached copy of	the bill in order to	o be paid. Mail all c	original invoices
1-1		641-22 10.0	00 EA	42.99000	\$429.90	09/01/2023
50 0	Gallon Snap Lid Wheeled Plastic					

Health and Human Services Commission

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Payment To	erms Freight Terms	Ship V	Via					
Net 30	Prepaid & Allow	BEST	WAY	Purc	hase Order		HHSTX-4-0	
specification	I by informal bid, Invitation for Offer, or Red as, terms, and conditions set forth in the adve regroupses become a part of this numbered parts	ertisement and ve	endor's	Date 09/01	/23	rision		Pag
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						271 tin TX 78751	751 C Accounting HUMAN SERVICES COMMISSION lalupe St	
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To: Invoice-HHSC Acco HEALTH & HUMA 4601 W Guadalupe S Austin TX 78751 United States				
						424-6901 SC_AP@hhsc.	state.tx.us	
				Purch		nell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	POI	Price	Extended Amt	Due Date
					Schedule 7	Fotal	\$429.90	
					Item Total for Li	ne 1	\$429.90	
2-1	Clear Round Glass Floral Bowls, 4.875 in., #850473	595-88	120.00	EA	1.3	5000	\$162.00	09/01/2023
					Schedule 7	Fotal	\$162.00	
					Item Total for Li	ne 2	\$162.00	
	Adjustable Glassware Storage Box - Up To 48 Tall Compartments, #G60.GP2- Keepsakes Graphite	641-22	7.00	EA	77.9	9000	\$545.93	09/01/2023
					Schedule 7	Fotal	\$545.93	
					Item Total for Li	ne 3	\$545.93	
4-1	Uline Industrial Glue Gun - 1/2", 180 Watt, #H-9304	450-03	2.00	EA	79.9	9000	\$159.98	09/01/2023
					Schedule 7	Fotal	\$159.98	
					Item Total for Li	ne 4	\$159.98	

Health and Human Services Commission

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				Dispatch via Prin
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-000032732
specifications, ter	nformal bid, Invitation for Offer, or Re ms, and conditions set forth in the adv	ertisement and vendor's		Revision Pag
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	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us
			Purchaser:	Connell,Ron Lee
Line-Sch Inv	entory Item ID - Line Description	Class/Item Qu	antity UOM	PO Price Extended Amt Due Date

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	
RCeef.	<u>08/30/2023</u>