Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Barrell and Carles		HHSTX-4-0000327380
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	Davislan	
specifications, terms	rmal bid, Invitation for Offer, or , and conditions set forth in the	advertisement and vendor's	Date 09/01/23	Revision 1 - 8/29/2023	Page 1
	es become a part of this number services delivered meet or exce		Ship To:	3135 - Tyler:302 E Rieck Rd HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd	
All shipments, ship with our Purchase		respondence must be identified		Tyler TX 75703 United States	

Vendor: 1363640402 5

STERICYCLE INC 2355 WAUKEGAN RD

BANNOCKBURN IL 60015-1586

United States

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

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

FY24 funding SP/E

Requisition 0000233188 Pricing per Quote 2,800.00

PO Service Dates 09/01/2023 to 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 contact 1363640402 Stericycle Inc

Name: Sarah Hill

Email address: sarah.hill@stericycle.com

Agency contact Name: Brian Irwin

Phone number: 903-509-5169

Email address: brian.irwn@hhs.texas.gov

PCS contact: Rosetta Coleman, CTCM, CTCD

Phone number: (512)-406-2677

Email address: rosetta.coleman03@hhs.texas.gov

****Please follow the Texas Comptroller's Invoicing standards as seen below.*****

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te		Ship V	/ia			TV 4 0000007000
Net 30	Prepaid & Allow	BEST	WAY	Purchase Order	HHS	TX-4-0000327380
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 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.				09/01/23	1 - 8/29/2023	
				Ship To:	3135 - Tyler:302 E Rieck Rd HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States	
Vendor:	1363640402 5 STERICYCLE INC 2355 WAUKEGAN RD BANNOCKBURN IL 60015-1586 United States			Bill To:	Invoice-HHSC; Region 04 HEALTH & HUMAN SER 302 E Rieck Rd Tyler TX 75703 United States	
				Fax: Email:	903 534 8487 paula.thurman@hhsc.state.	tx.us
				Purchaser:	Coleman,Rosetta V	512/406-2677
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Exter	nded Amt Due Date

- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

1-1 948-93 1.00 LOT 2800.00000 \$2,800.00 09/01/2023

R04 - FY24 - Region 04 Shredding Services for (4) four facilities not covered under WorkQuest contract. Atlanta MC 0151, Linden MC 2101, New Boston MC 7241, Texarkana MC 3111.

 Schedule Total
 \$2,800.00

 Item Total for Line 1
 \$2,800.00

Total PO Amount \$2,800.00

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	
Roeth Coleman, CTCM, CTCO	08/29/2023