## **Health and Human Services Commission**

## **Purchase Order**

|  | i uronas                      |   |   | Diama                                   | tak ula Dulu                      |
|--|-------------------------------|---|---|---|-----------------------------------|
| Payment Terms Freight Terms  | Ship Via                      |   |   |   | tch via Prin                      |
| Net 30 Prepaid & Allow   | BEŜT WAY                      | Purchase Order  |   | <u> HHSTX-4-00</u>                      |                                   |
| If advertised by informal bid, Invitation for Offer, or R<br>specifications, terms, and conditions set forth in the adv  | vertisement and vendor's      | <b>Date</b><br>09/01/23   | Revision  |   | Pag                               |
| onforming responses become a part of this numbered pu<br>uarantees goods or services delivered meet or exceed nu<br>equirements.                                 | 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 |   |   |                                   |
| All shipments, shipping papers, invoices, and correspondent our Purchase Order Number.   |                               |   |   |   |                                   |
| Vendor: 1750728344 2<br>WICHITA GLASS AND MIRROR CO<br>DBA AMERICAN GLASS CO<br>1111 INDIANA AVE<br>WICHITA FALLS TX 76301<br>United States                      | MPANY                         | Bill To:  | Maintenance<br>HEALTH & HUM.<br>6515 Kemp Blvd<br>PO Box 300<br>Wichita Falls TX 7<br>United States |   | OMMISSION                         |
|  |                               | Email:  | Allyson.Cruz@hhs  | .texas.gov                              |                                   |
|  |                               | Purchaser:  | Andres,William J  |   |                                   |
| Line-Sch Inventory Item ID - Line Description  | Class/Item Quantity           | UOM   | PO Price  | Extended Amt                            | Due Date                          |
| Attached Terms and Conditions apply to this Purcha<br>Fhis purchase order is contingent upon the continue<br>whole or part without penalty. HHS or the agency do | ed availability of lawful app | ropriations by the Texa   | s Legislature and n<br>oods/services or do  | nay be canceled a<br>ollar amounts with | at any time in<br>respect to this |
| purchase order. The agency shall be obligated to pa<br>08-31-2024 are automatically canceled.  |                               |   |   |   |                                   |
| Vendor contact<br>Sarina Thomas<br>940-767-2586<br>sarina@wichitaglass.net   |                               |   |   |   |                                   |
| Agency contact<br>Deborah Givens<br>940-689-5357<br>deborah.givens@hhs.texas.gov   |                               |   |   |   |                                   |
| Allyson Cruz<br>allyson.cruz@hhs.texas.gov<br>NTSH   |                               |   |   |   |                                   |
| PCS contact  |                               |   |   |   |                                   |

1-1

910-30

1.00 LOT

## **Health and Human Services Commission**

## **Purchase Order**

| Payment Te<br>Net 30  | rms Freight Terms<br>Prepaid & Allow  | Ship Via<br>BEST WA  |              | Purchase Order                  |                        | HHSTX-4-00   | 000327937  |
|---|---|----------------------|--------------|---------------------------------|------------------------|--|------------|
| If advertised by informal bid, Invitation for Offer, or Request for<br>specifications, terms, and conditions set forth in the advertiseme   |   | rtisement and vend   | or's         | <b>Date</b><br>09/01/23         | Revision               |  | Page<br>2  |
| <ul> <li>conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.</li> <li>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</li> </ul> |   |                      | Ship To:     | HEALTH<br>6515 Kem<br>PO Box 30 | 00<br>111s TX 76308    | OMMISSION  |            |
| Vendor:   | 1750728344 2<br>WICHITA GLASS AND MIRROR COL<br>DBA AMERICAN GLASS CO<br>1111 INDIANA AVE<br>WICHITA FALLS TX 76301<br><b>United States</b> | MPANY                |              | Bill To:                        | 6515 Kemp<br>PO Box 30 | & HUMAN SERVICES CC<br>p Blvd<br>)0<br>alls TX 76308 | OMMISSION  |
|   |   |                      |              | Email:                          | Allyson.Cr             | ruz@hhs.texas.gov                                    |            |
|   |   |                      |              | Purchaser:                      | Andres,W               | /illiam J  |            |
| Line-Sch  | Inventory Item ID - Line Description  | Class/Item           | Quantity     | UOM                             | PO Price               | Extended Amt   | Due Date   |
|   |   |                      |              | Sche                            | dule Total             | \$19,900.00  |            |
| ***** Please<br>This requisit<br>tempered gla   | e see attached template and quote *****<br>ion is for service and repairs campus wide: R<br>ss.   | epairs to glass from | nt doors and | installation of window          | s. To purcha           | se a variety of Lexan, glass                         | and        |
|   |   |                      |              | Item Total                      | for Line 1             | \$19,900.00  |            |
| 2-1   | FY24-TPOF3E010-F2200-NTSH-WF-<br>service  | 910-30               | 1.00         | LOT 5                           | 5000.00000             | \$5,000.00   | 09/01/2023 |
|   |   |                      |              | Sche                            | dule Total             | \$5,000.00   |            |
|   | e see attached template and quote *****<br>ion is for service and repairs campus wide: R  | epairs to glass from | nt doors and | installation of window          | s. To purcha           | se a variety of Lexan, glass                         | and        |
| tempered gid  |   |                      |              | Item Total                      | for Line 2             | \$5,000.00   |            |
|   |   |                      |              | Total P                         | O Amount               | \$24,900.00  |            |

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     |                   |
|-------------------|-------------------|
| MAMAA-            |                   |
| (UNINU CTCO, CTCM | <u>08/31/2023</u> |

**Dispatch via Print** 

