Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-000032823		
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			Date 09/11/23	Revision Page		
guarantees goods or requirements. All shipments, ship	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order		Ship To:	W615 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St PO Box 149030 Austin TX 78751 United States		
Vandor: 13	82471219 7		Rill To	Invoice-HHSC Accounting		

Vendor: 1382471219 7

RODZINA INDUSTRIES INC 3518 FENTON RD

FLINT MI 485071567 **United States**

Invoice-HHSC Accounting Bill To:

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

HHSC_AP@hhsc.state.tx.us **Email:**

Purchaser: Wilson, Madison Faith

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

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 7 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT: Chelsea Huffman +1 (737) 867-7198 chelsea.huffman@hhs.texas.gov Ship to Attn: Chelsea Huffman 4601 W Guadalupe St PO Box 149030 Austin, TX 78751

HHSC BUYER: Madison Wilson, CTCD 254-744-4512 Madison.wilson@hhs.texas.gov

VENDOR: Rodzina Industries

Robert Cross rodzinaind@aol.com

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas

Legislature. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition #0000241164

1-1 615-77 1.00 EA 11.50000 \$11.50 09/19/2023

Notary Stamp for Jamie Smith #4915

Schedule Total

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

HHSTY_1_0000328237

\$5.00

\$5.00

\$16.50

Net 30	Prepaid & Allow	BEST	WAY	Purchase Order		HH51X-4-00	100328237
specifications	by informal bid, Invitation for Offer, or Red s, terms, and conditions set forth in the adve	ertisement and ve	endor's	Date 09/11/23	Revision		Page 2
	responses become a part of this numbered purpods or services delivered meet or exceed not.	Ship To:	W615 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					PO Box 149030 Austin TX 78751 United States		
Vendor:	1382471219 7 RODZINA INDUSTRIES INC 3518 FENTON RD FLINT MI 485071567 United States			Bill To:	Invoice-HHSC A HEALTH & HU 4601 W Guadalu Austin TX 7875 United States	MAN SERVICES CO	MMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
				Purchaser:	Wilson, Madisor	n Faith	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Smith. We go	o through Rodzina Industries. Jamie's notary	commission cer	rtificate is atta	ched.			
				Item Total	for Line 1	\$11.50	
2-1	Shipping	578-92	1.00	EA	5.00000	\$5.00	09/13/2023

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	
Madison Wilson, CTCD	
	<u>09/15/2023</u>

Schedule Total

Item Total for Line 2 ____

Total PO Amount