

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-4-0000328272
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.			Date 09/11/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States

Vendor: 1742200786 8
SAN SABA CAP INC
1818 BROADWAY
KERRVILLE TX 780286008
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Rodriguez,Linda 512/406-2533

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 Purchase / Requisition # 241260

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

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

DELIVERY: 20 Days After Receipt of PO

Delivery: Warehouse Dock (18-Wheeler access ble and warehouse forklift)

Open Hours: 8:00 to 11:30 and 1:00 to 4:30 PM, Closed for Lunch between 12:00 to 1:00, Monday thru Friday except designated State Holidays.

QUOTE/ESTIMATE #: 71459, with Logo attached.

AGENCY CONTACT:
Lee Clancy @ 830-258-5211
H.Clancy@hhs.texas.gov

HHSC BUYER:
Linda Rodriguez @ 512-406-2533
Linda.Rodriguez3@hhs.texas.gov

VENDOR:
San Saba Cap Inc.
John @ 830-257-2434
john@sansabacap.com

PURCHASING METHOD: SP/E

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Vendor in order to get your Invoices paid:

- 1) Send Invoice. Please note: Invoice must match our PO \$ amount, also must match the same goods/services that are on PO.
- 2) Send PO.
- 3) Send both; Invoice PO to: SAHAccounting@dshs.texas.gov or fax to: 210-531-7883
- 4) On our side, once confirmed goods/services have been received, also check that invoice matches or equals the PO \$ amount and goods/services, then payment will be made within 30 days.

INCLUDE P.O. NUMBER ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

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1-1	Custom Table Cloths with printing "Kerrville State Hospital" and "Texas Health and Human Services" logo on front facing.	420-40	6.00	EA	167.00000	\$1,002.00	10/09/2023
Schedule Total						\$1,002.00	
Item Total for Line 1						\$1,002.00	
Total PO Amount						\$1,002.00	

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 	09/11/2023
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