Health and Human Services Commission

Purchase Order

Dispatch via Print

TX SmartBuy PO ID 24001144

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-4-0000328482
specification conforming	by informal bid, Invitation for Offer, or Re ns, terms, and conditions set forth in the adv responses become a part of this numbered goods or services delivered meet or exceed	vertisement and ven ourchase order. Cor	Date 09/14/23 Ship To:		Page 1 nio:6711 S New Brau	
requirement All shipmer		Ĩ			HEALTH & HUI 6711 S New Brau Ste 100 San Antonio TX United States	
Vendor:	3696696696696696696696696696696696696696			Bill To:	Invoice-DSHS A HEALTH & HUI 6711 S New Brau Ste 100 San Antonio TX United States	MAN SERVICES COMMISSION unfels
				Fax: Email:	210/531-7883 SAHAccounting(@dshs.texas.gov
				Purchaser:	Ogle,Tracie L	
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: 30-120 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: San Antonio SH Whse Supvr: Charles Garrison PH: 210-531-7309 charles.garrison@hhs.texas.gov Reg Mgr: Kris Viles

HHSC BUYER: Tracie Ogle, CTCD 512-776-2326 Tracie.ogle@hhs.texas.gov

VENDOR: Contractor: TCI Contact Name: Customer Service Email: tci@tdcj.texas.gov Phone: (936) 437-6048

PURCHASING METHOD: EX-0 Purchase made under the Authority of Texas Government Code 2155.065 for goods made by TDCJ.

Term Contract: 420-A1, 485-T1 Term: 01/01/1960 - 12/31/2099 Smartbuy PO: 24001144

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 MIM2400578, Line(s) 26, 67

TCI QUESTIONS:

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Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Burcha	on Order		HHSTX-4-0	000328482
If advertised specification	f advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's			a se Order I 23	Revision	111017-4-0	Page 2
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.					4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
Vendor: 3696696696 6 TEXAS DEPARTMENT OF CRIMINAL TEXAS CORRECTIONAL INDUSTRIE PO BOX 4013 HUNTSVILLE TX 773424013 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 Em		210/531-7883 SAHAccounting	g@dshs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	Purchas		Ogle,Tracie L PO Price	Extended Amt	Due Date
	r Truck/Tractor Accessible (Y or N): mes/Day (if not M-F 8-5):						
Delivery Tir Install Crew Floor # (if a Elevator (Y Offender La Dock or Ra	mes/Day (if not M-F 8-5): v Required (Y or N): applicable):	poring (Y or N)					
Delivery Tir Install Crew Floor # (if a Elevator (Y Offender La Dock or Ra	mes/Day (if not M-F 8-5): v Required (Y or N): applicable): ´ or N): abor Okay (Y or N): amp available (Please Specify):	boring (Y or N) 420-68 10.0) EA	13	38.75000	\$1,387.50	01/15/2024
Delivery Tii Install Crew Floor # (if a Elevator (Y Offender La Dock or Ra If we had to	mes/Day (if not M-F 8-5): v Required (Y or N): applicable): ' or N): abor Okay (Y or N): amp available (Please Specify): o use a Dolly, are they allowed across flo 420-68-42537-2) EA		38.75000 ule Total	\$1,387.50 \$1,387.50	01/15/2024
Delivery Tii Install Crew Floor # (if a Elevator (Y Offender La Dock or Ra If we had to	mes/Day (if not M-F 8-5): v Required (Y or N): applicable): ' or N): abor Okay (Y or N): amp available (Please Specify): o use a Dolly, are they allowed across flo 420-68-42537-2			Schedu		\$1,387.50	01/15/2024
Delivery Tii Install Crew Floor # (if a Elevator (Y Offender La Dock or Ra If we had to	mes/Day (if not M-F 8-5): v Required (Y or N): applicable): ' or N): abor Okay (Y or N): amp available (Please Specify): o use a Dolly, are they allowed across flo 420-68-42537-2		I	Schedu Item Total for	ule Total	\$1,387.50	01/15/2024
Delivery Tii Install Crew Floor # (if a Elevator (Y Offender L Dock or Ra If we had to 1-1	mes/Day (if not M-F 8-5): w Required (Y or N): applicable): ' or N): abor Okay (Y or N): amp available (Please Specify): o use a Dolly, are they allowed across flow 420-68-42537-2 MATTRESS 36X81 TCI 42068425372 485-70-48190-2 MOP DUST CTN DRY 24X5 TCI	420-68 10.0	I	Schedu Item Total for	ule Total r Line 1	\$1,387.50 \$1,387.50 \$378.00	
Delivery Tii Install Crew Floor # (if a Elevator (Y Offender L Dock or Ra If we had to 1-1	mes/Day (if not M-F 8-5): w Required (Y or N): applicable): ' or N): abor Okay (Y or N): amp available (Please Specify): o use a Dolly, are they allowed across flow 420-68-42537-2 MATTRESS 36X81 TCI 42068425372 485-70-48190-2 MOP DUST CTN DRY 24X5 TCI	420-68 10.0	It	Schedu Item Total for J Schedu	ule Total r Line 1 10.50000	\$1,387.50 \$1,387.50 \$378.00 \$378.00	

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.

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TX SmartBuy PO ID 24001144

Freight Terms **Payment Terms** Ship Via HHSTX-4-0000328482 Net 30 Prepaid & Allow BEST WAY **Purchase Order** 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 09/14/23 3 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4549 - San Antonio:6711 S New Brau guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 6711 S New Braunfels All shipments, shipping papers, invoices, and correspondence must be identified Ste 100 with our Purchase Order Number. San Antonio TX 78223 United States Invoice-DSHS Accounts Pavable Vendor: 36966966966 Bill To: TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH & HUMAN SERVICES COMMISSION TEXAS CORRECTIONAL INDUSTRIES 6711 S New Braunfels PO BOX 4013 Ste 100 San Antonio TX 78223 HUNTSVILLE TX 773424013 United States United States 210/531-7883 Fax: Email: SAHAccounting@dshs.texas.gov **Purchaser:** Ogle, Tracie L Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date

Authorized By	
Iracie Date, CTCD	<u>09/14/2023</u>

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