Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter	ms Freight Terms	Ship Via		1111 0 =1/1 / 0000000=	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-0000328825	
	y informal bid, Invitation for Offer, or F		Date	Revision Page	
	, terms, and conditions set forth in the ac		09/21/23	1	
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.			Ship To:	5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States	
Vendor:	1741834707 0 ACE MART RESTAURANT SUPPL PO BOX 18100 SAN ANTONIO TX 782180100 United States	LY COMPANY	Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	

Quantity

Purchaser:

UOM

Ogle, Tracie L

Extended Amt

Due Date

PO Price

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

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

Inventory Item ID - Line Description

DELIVERY: 14 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

Class/Item

AGENCY CONTACT:

Line-Sch

LEAD CONTACT NAME: TRACY LISENBY

LEAD CONTACT EMAIL: tracy.lisenby@hhs.texas.gov LEAD CONTACT PHONE: 830-896-2211 x EXT 6620

CONTRACT MANAGER NAME: PRISCILLA JARECKE

CONTRACT MANAGER EMAIL: priscilla.jarecke@hhs.texas.gov CONTRACT MANAGER PHONE: 830-896-2211 EXT 5218

HHSC BUYER: Tracie Ogle, CTCD 512-776-2326

Tracie.Ogle@hhs.texas.gov

VENDOR: Ace Mart Rachel Rosalez 512-832-9933 rrosalez@acemart.com bids@acemart.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: 0000241293

1-1 640-22 200.00 PKG 2.99000 \$598.00 10/05/2023

Health and Human Services Commission

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	Prepaid & Allow d by informal bid, Invitation for Offer, or Rec		WAY al; all	Purchase O Date 09/21/23	rder Revision	HHSTX-4-0000328825		
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Vendor:	endor: 1741834707 0 ACE MART RESTAURANT SUPPLY COMPANY PO BOX 18100 SAN ANTONIO TX 782180100 United States			Bill To:	HEALTH & HU 6711 S New Bra Ste 100	San Antonio TX 78223		
				Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Ogle,Tracie L PO Price	Extended Amt	Due Date	
	2 OZ TRANSLUCENT PLASTIC SOUFFLE CUPS; MANF: SOLO ITEM # B200	2 3000						
					Schedule Total	\$598.00		
				Item T	otal for Line 1	\$598.00		
2-1	LID FOR 1 1/2 OZ TO 2 OZ SOUFFLE CUP; MANF SOLO ITEM # PL2	640-22	400.00	PKG	1.49000	\$596.00	10/05/2023	
					Schedule Total	\$596.00		
				Item T	otal for Line 2	\$596.00		

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	
Tracic Dak, CTCD	
	<u>09/25/2023</u>