#### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			IIIICTV 4 0000224744
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-4-0000331741
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.			<b>Date</b> 10/25/23	Revision	Page 1
			Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd	
All shipments, shipp with our Purchase (		respondence must be identified		Austin TX 7875 United States	

**Vendor:** 1263143273 4

ZAAPPAAZ LLC

16107 KENSINGTON DR STE 172 SUGAR LAND TX 774794224

**United States** 

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

**Fax:** 979/277-1865

Email: 712Accounting@hhs.texas.gov

Purchaser: Connell,Ron Lee

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: 1 week 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

Requester: Gabriele Dangerfield 512-419-2663

 $Gabriele. Danger field @\,hhs.texas.gov$ 

 $SHIP\ TO\ ATTN:\ Gabriele\ Dangerfield,\ Gabriele. Dangerfield\ @\ hhs. texas.gov,\ 512-419-2663$ 

HHSC BUYER: Ron Connell, CTCD Ron.Connell@hhs.texas.gov 512-406-2666

Vendor Name: Zaappaaz dba Custom Lanyards

Contact: Customer Service Phone #: 888-823-4197 Email: sales@customlanyard.net Quote: Online Screenshot

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

Delivery Days ARO Terms Net 30

Shipping/Freight Terms FOB Destination Prepaid Add

#### 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 #0000243776

## **Health and Human Services Commission**

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Freight Terms

Payment Terms

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specification	by informal bid, Invitation for Offer, or Rec is, terms, and conditions set forth in the adve	rtisement and ve	endor's	<b>Date</b> 10/2	e 25/23	Revision		<b>Page</b> 2
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Vendor:	1263143273 4 ZAAPPAAZ LLC 16107 KENSINGTON DR STE 172 SUGAR LAND TX 774794224 United States			Bill '	То:	United States Invoice - DADS HEALTH & HUN 4001 Highway 36 Brenham TX 778: United States		OMMISSION
					Fax: Email:	979/277-1865 712Accounting@	hhs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Puro UOM	chaser:	Connell,Ron Lee	Extended Amt	Due Date
1-1	500 each, #LO7, Custom Lanyard, Tubular, 3/8" lanyard size, 36" standard length, Color Royal Blue, Message: Austin State Hospital, Font: Arial Bold, imprint color 1: Red, attachment style: CL-6 Bulldog Clip, stitching: Sewing, flat plastic breakaway.	450-66	1.00	LOT	Scheo	510.10000  lule Total or Line 1	\$510.10	11/01/2023
2-1	200 each, #LO7, Plain Lanyard, Size: 3/8", 36" standard length, Color: Royal Blue, 200 each, NO WRITING, attachment type: CL-6 Bulldog Clip, stich style: Sewing, flat plastic breakaway.	450-66	1.00	LOT	Scheo	dule Total		11/01/2023
					Total PC	) Amount	\$789.04	

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.

# **Health and Human Services Commission**

# **Purchase Order**

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Vendor:	1263143273 4 ZAAPPAAZ LLC 16107 KENSINGTON DR STE 172 SUGAR LAND TX 774794224 United States			Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States	
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov	
			Purchaser:	Connell,Ron Lee	

Quantity

Class/Item

Line-Sch Inventory Item ID - Line Description

**Authorized By** 

Reef.

PO Price

UOM

10/25/2023

Extended Amt Due Date