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

#### **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	K-4-0000334117	
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			<b>Date</b> 11/30/23	Revision Page 1		
guarantees g requirements All shipmen	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:  5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMI 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor:	1461543887 7 INNOVATIVE SOLUTIONS SERV PO BOX 559 DIANA TX 756400559	ICES LLC	Bill To:	Invoice - DADS HEALTH & HUMAN SERV 424 Mesquite Dr PO Box 1132	ICES COMMISSION	

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Mexia TX 76667

United States

Exempt Reason: N/A

FY24 funding SP/E Requisition 0000248133 PO Service Dates 11/30/2023 to 08-31-2024

**United States** 

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

Vendor: Innovative Solutions Services, LLC PO Box 559 Dianna, Texas 75640

Vendor Contact: Brad Clement Vendor Phone: 903-746-5723

Vendor Email: bradclement92@gmail.com

Lead Contact: Jerry McClure

Lead Contact Email: jerry.mcclure@hhs.texas.gov

Lead Contact Phone: 903-683-7621

Requester: Toni Booker, Maintenance Supervisor III Requester Email: Toni.Booker@hhs.texas.gov

Requester Phone: 903.683.7571

Warehouse: Please deliver to bldg. 614/504

Shipping Code: 5035 Billing Code: 6483

SCOR Division: 19 - State Operated Facilities

Fund: 0001 General Revenue

Email PO to:

Toni.Booker@hhs.texas.gov Edward.Thornton@hhs.texas.gov Leah.Alexander@hhs.texas.gov

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Vendor:	endor: 1461543887 7 INNOVATIVE SOLUTIONS SERVICES LLC PO BOX 559 DIANA TX 756400559 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	
Exempt Rea	ason: N/A		Purchaser:	Augustus,Wendlyn Denett	
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantity	UOM	PO Price Extended Am	t Due Date

718Accounting@hhs.texas.gov

PCS Contact Wendlyn Augustus Wendlyn.augustus@hhs.texas.gov

\*\*PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO 718Accounting@hhs.texas.gov \*\*

Justification: This is needed to maintain the quality of the fuel in and used for our emergency generators to ensure adequate operation and code standards.

1-1 992-31 1.00 LOT 2860.00000 \$2,860.00 11/30/2023

Services - Collect and Test Fuel Samples from 11 Generators and 2 Fuel Storage Tanks (Includes all parts, materials, equipment, tools and labor necessary to

complete the job)

 Schedule Total
 \$2,860.00

 Item Total for Line 1
 \$2,860.00

Total PO Amount \$2,860.00

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.

# **Health and Human Services Commission**

# **Purchase Order**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-000033	4117
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Vendor:	Innovative solutions services LLC PO BOX 559 DIANA TX 756400559 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	
Exempt Rea	ason: N/A		Purchaser:	Augustus, Wendlyn Denett	
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quan	tity UOM	PO Price Extended Amt Due Da	ate

**Authorized By** 

Wendlyn Augustus

11/30/2023