Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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.

All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.

Purchase Order **HHSTX-4-0000334526**

Date	Revision	Page
12/07/23		1

Ship To: 6943 - Austin:6101 E Oltorf
HEALTH & HUMAN SERVICES COMMISSION
6101 E Oltorf
Austin TX 78741
United States

Vendor: 1263499518 2
MONO MACHINES LLC
DBA SUPPLY CHIMP
228 PARK AVE S # 36842
NEW YORK NY 10003-1502
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4601 W Guadalupe St
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Exempt Reason: N/A

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: 3-5 Business 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 REQUESTER:
Name: Gloria Rodriguez
Email: DDS.TX.S49.AP@ssa.gov
Phone: (512) 437-5021

SHIP TO ATTN SMS Dept: Jackie Gonzales, Phone: (512) 437-8776

Contract Specialist: Tracy Griffith and Helen Reyes-Salinas
Phone: (210) 646-2197
Email: Tracy.griffith@hhs.texas.gov and Helen.reyes-salinas@hhs.texs.gov

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

Vendor Name: Mono Machines LLC DBA Supply Chimp
Contact: Ella Casandag
Phone #: 1-800-592-1306
Email: ellac@supplychimp.com
Quote #RFQ44663

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

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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.

All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.

Purchase Order **HHSTX-4-0000334526**

Date	Revision	Page
12/07/23		2

Ship To: 6943 - Austin:6101 E Oltorf
HEALTH & HUMAN SERVICES COMMISSION
6101 E Oltorf
Austin TX 78741
United States

Vendor: 1263499518 2
MONO MACHINES LLC
DBA SUPPLY CHIMP
228 PARK AVE S # 36842
NEW YORK NY 10003-1502
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4601 W Guadalupe St
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Exempt Reason: N/A

Purchaser: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Velcro 95172 One-Wrap Reusable Ties 1/2"x8" Balck 50/PACK, #VEK95172	280-75	2.00	EA	3.35000	$6.70	12/14/2023
					Schedule Total	$6.70	
					Item Total for Line 1	$6.70	
2-1	Shipping	962-86	1.00	LOT	15.00000	$15.00	12/14/2023
					Schedule Total	$15.00	
					Item Total for Line 2	$15.00	
					Total PO Amount	$21.70	

Note: Commercial vehicle deliveries must back into the loading dock when making deliveries to the Texas DDS thereby making it unsuitable for semi-trailers longer than 53 feet with a truck attachment that contains a sleeper cab. To avoid damage to property and surrounding trees, please use a delivery vehicle that is suitable for this location.

Please send all invoices to Disability Determination Services PO Box 149198 Austin, TX 78714-9198 for authorization.

Requisition #0000248800
****

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 **12/08/2023**