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-4-0000335005**

Date	Revision	Page
12/14/23		1

Ship To: 4038 - Corpus Christi:902 Airport
HEALTH & HUMAN SERVICES COMMISSION
902 Airport Rd
Corpus Christi TX 78405
United States

Vendor: 1201952851 7
ADVANCE EMS LTD
PO BOX 668
BELLAIRE TX 774020668
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

Exempt Reason: N/A

Purchaser: Manning,Charles

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY24 funding
SP/E
Requisition 0000230489 - Pricing per SOW
PO Service Dates 09/01/2023 to 08-31-2024
Blanked Purchase Order not to Exceed $10,000

VENDORS SEND INVOICES VIA EMAIL TO: 712accounting@hhs.texas.gov

Attached Terms and Conditions apply to this Purchase Order.

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 Name: ADVANCE EMS LTD
Vendor ID: 1201952851
Vendor Contact: ANNA POLESHOV
Vendor Phone: 713-661-3443
Vendor Email: billing@advanceems.com

Lead Contact (Program SME) Name: JOHN HENLEY
Lead Contact Email: john,henley@hhs.texas.gov
Lead Contact Phone: 361-241-5312

Contract Manager Name: CHRISTINE CRUZ
Contract Manager Email: christine.cruz@hhs.texas.gov
Contract Manager Phone: 361-888-5301 ext 7507

PCS contact
Charles Manning
charles.manning@hhs.texas.gov

1-1	FY24 SERVICES AMBULANCE CH3 GROUP HOME CASTLE RIVER RESIDENTS	948-12	1.00	LOT	5000.00000	$5,000.00	12/14/2023

Schedule Total $5,000.00

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12/14/23		2

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4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Exempt Reason: N/A

Purchaser: Manning,Charles

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 1	$5,000.00	
2-1	FY24 SERVICES AMBULANCE CH3 GROUP HOME RIVER FOREST RESIDENTS	948-12	1.00	LOT	5000.00000	$5,000.00	12/14/2023
					Schedule Total	$5,000.00	
					Item Total for Line 2	$5,000.00	
					Total PO Amount	$10,000.00	

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

Charles Manning
CTCD

12/14/2023