## **Health and Human Services Commission**

## **Purchase Order**

Payment To Net 30	erms Freight Terms FOB Dest. Prepaid & Allowed	Ship V BEST V		Purchase Order		HHSTX-4-0000335854	
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			Date 01/02/24	Revision	Page		
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:	Ship To: 5605 - Wichita Falls:6515 Kemp Blv   DEPARTMENT OF STATE HEALTH S   6515 Kemp Blvd   PO Box 300   Wichita Falls TX 76308   United States		
Vendor:	1750372230 2 BEN E KEITH COMPANY ATTN: ACCOUNTS PAYABLE PO BOX 868 FORT WORTH TX 761010868 <b>United States</b>			Bill To: Terrell SH Whse HEALTH & HUMAN SERVICE 1200 E Brin PO Box 70 Terrell TX 75160 United States		IAN SERVICES COMMISSION	
				Email:	DSHS.TSHBusine	essOffice@dshs.texas.gov	
Exempt Rea	eason: N/A			Purchaser:	Hill,Geneva L	512/406-2463	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	UOM	PO Price	Extended Amt Due Date	

PURCHASE ORDER BLANKET FOR GROCERIES

TERM: January 1, 2024 to January 31, 2024 Shipping Instructions: DO NOT SHIP until notified by Agency Contact. OR Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Quantities may be increased or decreased upon need during the term of the PO.

AGENCY CONTACT: Joshua.Dominguez1@hhs.texas.gov

BUYER: Geneva Hill 512-406-2463 Cell: 512-905-2100 geneva.hill@hhs.texas.gov

VENDOR : Ben E Keith Ernie Anastopoulos earnastopoulos@benekieth.com 940-636-8321

NOT TO EXCEED \$5,000.00

For purchase of groceries

F.O.B Destination Freight Prepaid Included Delivery 5 days ARO

PCC: SP E

Purchase made under the Authority of Texas Government Code 2155.144 for Procurements by HHSC Agencies including goods or services acquired for the benefit or on behalf of clients.

Requisition 251172

393-56

1.00 LOT

**Dispatch via Print** 

## **Health and Human Services Commission**

## **Purchase Order**

Payment Te	erms Freight Terms	Ship V	/ia			ызра	
Net 30	FOB Dest. Prepaid & Allowed	BEST		Purchase Orde	r	HHSTX-4-00	000335854
specification	by informal bid, Invitation for Offer, or Req is, terms, and conditions set forth in the adve	rtisement and ve	ndor's	<b>Date</b> 01/02/24	Revision		Page 2
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Vendor:	1750372230 2 BEN E KEITH COMPANY ATTN: ACCOUNTS PAYABLE PO BOX 868 FORT WORTH TX 761010868 <b>United States</b>			Bill To:	Terrell SH Whse HEALTH & HUI 1200 E Brin PO Box 70 Terrell TX 75160 United States	MAN SERVICES CC	DMMISSION
				Email:	DSHS.TSHBusin	nessOffice@dshs.texa	s.gov
Exempt Rea	ason: N/A			D		51	2/406-2463
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Hill,Geneva L PO Price	Extended Amt	Due Date
			2	Sch	redule Total	\$5,000.00	
				Total I	PO Amount	\$5,000.00	

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	
Geneva Hill CTCD	01/02/2024

**Dispatch via Print**