Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕт	X-4-0000336059
specifications, ter	nformal bid, Invitation for Offer, or R rms, and conditions set forth in the ad	vertisement and vendor's	Date 01/04/24	Revision	Page 1
guarantees goods requirements.	onses become a part of this numbered or services delivered meet or exceed hipping papers, invoices, and corres use Order Number.	numbered purchase order	Ship To:	6689 - Brenham:4001 S Hw HEALTH & HUMAN SER' 4001 S Hwy 36 Brenham TX 77833 United States	
, 0114017	1270077967 6 DREAM RANCH LLC ATTN: SHERI DEWET		Bill To:	Invoice - DADS HEALTH & HUMAN SER' 4001 Highway 36 South	VICES COMMISSION

ATTN: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027

United States

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

Email: 712Accounting@hhs.texas.gov

Exempt Reason: N/A

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: 7 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: Tricia Zwahr

Email: patricia.zwahr@hhs.texas.gov

Phone: 979.277.1334

Lead Contact Name: Sara Wojkiewicz

Lead Contact Email: sara.wojkiewicz@hhs.texas.gov

Lead Contact Phone: 979.277.1577

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

Vendor Name: Dream Ranch LLC

Contact: Brandy Phone #: 940-591-6565

Email: sheri@dreamranchtx.com

Quote #12631

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

Delivery Days ARO Terms Net 30

Shipping/Freight Terms FOB Destination Prepaid Add

Warehouse: Please deliver to Jill Rybarski

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

Purchase Order

Payment Terms Freight Terms Ship Via BEST WAY Date Purchase Order HHSTX-4-000033 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 requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. Vendor: 1270077967 6 DREAM RANCH LLC ATTH: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027 United States Exempt Reson: N/A Equisition #0000251665			ru	ltilase	: Order			
Net 30 Prepaid & Allow BE\$T 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. Vendor: 1270077967 6 DREAM RANCH LLC ATTN: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027 United States Bill To: Invoice - DADS HEALTH & HUMAN SERVICES COMMISS 4001 S Hwy 36 Brenham: TX 77833 United States Bill To: Invoice - DADS HEALTH & HUMAN SERVICES COMMISS 4001 Highway 36 South Brenham TX 77833 United States Fax: 979/277-1865 Email: 712Accounting@hhs.texas.gov Exempt Reason: N/A Purchaser: Connell,Ron Lee Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due D Requisition #0000251665							Dispat	ch via Prin
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Exempt Reason: N/A Purchaser: Connell,Ron Lee	Vendor:	DREAM RANCH LLC ATTN: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027			Bill To:	HEALTH & H 4001 Highway Brenham TX 7	HUMAN SERVICES CON 36 South	MMISSION
Purchaser: Connell,Ron Lee Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due D Requisition #0000251665							g@hhs.texas.gov	
Requisition #0000251665	Exempt Rea	son: N/A			Purchaser:	Connell,Ron l	Lee	
	Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1 850-52 5.00 EA 20.19000 \$100.95 01/11/2	****							01/11/2024

*******	UII #UUU231003 **********************************	******	*******	******	*******		
-1	LINENSPA BOX SPRING ENCASEMENT TWIN, #B011M879NO	850-52	5.00	EA	20.19000	\$100.95	01/11/2024
					Schedule Total	\$100.95	
					Item Total for Line 1	\$100.95	
1	ONC17T001 SMART TV REMOTE, #B07W71DMV5	840-14	10.00	EA	11.33000	\$113.30	01/11/2024
					Schedule Total	\$113.30	
					Item Total for Line 2	\$113.30	
1	ONN ROKU UNIVERSAL REMOTE, #B08PKVRF89	840-14	10.00	EA	7.21000	\$72.10	01/11/2024
					Schedule Total	\$72.10	
					Item Total for Line 3	\$72.10	
1	PERLEGEAR FULL MOTION TV MOUNT, #B0BG5B8DFP	840-10	10.00	EA	25.75000	\$257.50	01/11/2024
					Schedule Total	\$257.50	
					Item Total for Line 4	\$257.50	
1	RUBBERMAID BATH TUB MAT, 36 X 18, #B01LZ2BMUX	557-35	20.00	EA	24.25000	\$485.00	01/11/2024
					Schedule Total	\$485.00	

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	Vendor: 127	0077967 6		Bill To:	Invoice - DADS	

DREAM RANCH LLC ATTN: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027 **United States**

Bill To:

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

979/277-1865 Fax:

712 Accounting @hhs.texas.govEmail:

Evennt Dessent M/A

Exempt Re	ason: N/A			Durmal	haser: Connell,Ron Le	•	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 5	\$485.00	
6-1	RUBBERMAID BATH TUB MAT, 14x24, #B01M16T5PA	557-35	20.00	EA	14.29000	\$285.80	01/11/2024
					Schedule Total	\$285.80	
					Item Total for Line 6	\$285.80	
7-1	ANTRANFOUR MATTRESS ENCASEMENT TWIN, #B0999DN9HG	850-52	10.00	EA	23.67000	\$236.70	01/11/2024
					Schedule Total	\$236.70	
					Item Total for Line 7	\$236.70	
8-1	LINENSPA WATERPROOF MATTRESS ENCASEMENT TWIN, #B00Z06E2IU	850-52	50.00	EA	20.60000	\$1,030.00	01/11/2024
					Schedule Total	\$1,030.00	
					Item Total for Line 8	\$1,030.00	
9-1	UTOPIA MATTRESS ENCASEMENT TWIN (Pack of 10), #B07V5W7QLS	850-52	4.00	EA	157.81000	\$631.24	01/11/2024
					Schedule Total	\$631.24	
					Item Total for Line 9	\$631.24	
					T () DO A	#2.212.50	
					Total PO Amount	\$3,212.59	

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Payment Te		Ship Via			HHSTX-4-0000336059
Net 30	Prepaid & Allow	BEST W		Purchase Order	
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Exempt Rea	ason: N/A			Fax: Email: Purchaser:	979/277-1865 712Accounting@hhs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date

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

Reef.

01/04/2024