Purchase Order

Dispatch via Print

TX SmartBuy PO ID

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST W.		Purchase Order	HHSTX-4-0000336130	
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vend	Date 01/05/24	Revision Page		
guarantees	responses become a part of this numbered p oods or services delivered meet or exceed n s. .ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchase of	Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States		
Vendor:	Vendor: 1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States				Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States	
				Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov	
Exempt Rea	son: GPO			Purchaser:	Alvarez, Desiree C	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date	

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed.

DELIVERY: 14 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 CONTACT: Warehouse Supervisor: Anothony Martinez P: (512) 419-2942 F: (512) 419-2927 E: anthony.martinez2@hhs.texas.gov Reg. Manager: Kris Viles

ACCOUNTS PAYABLE: E: 712accounting@hhs.texas.gov

HHSC BUYER: Desiree Alvarez, CTCD P: (512) 776-2033 E: Desiree.Alvarez@hhs.texas.gov

VENDOR: Contractor: Bob Barker Kristina Finn P: (618) 304-9996 E: kristinafinn@bobbarker.com

FY24 OMNIA GPO and HHS Contract#: HHS000840200001

OMNIA GPO and Bob Barker Contract#: WA00034777

PURCHASING METHOD: EX/0 Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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.

Requisition: MIM2407406 / Line: 38, 48, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64.

Purchase Order

TX Smai	rtBuy PO ID	FU	11011036				Disna	atch via Prin
Payment To	erms Freight Terms	Ship V		_	ahaas C. J			
	Prepaid & Allow I by informal bid, Invitation for Offer, or Req	BEST WAY uest for Proposal; all		Pur Date	chase Ordeı e	HHSTX-4-000033613 Revision Pag		
specification	ns, terms, and conditions set forth in the adver responses become a part of this numbered pu	rtisement and ve	endor's)5/24	1551 A	201 N L D1 1	
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.					о То:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States		
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States				То:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
				Fax: Email:		979/277-1865 712Accounting@hhs.texas.gov		
Exempt Re	ason: GPO			Pur	chaser:	Alvarez,Desire	e C	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date
-1	652-42-00400-0 CONDITIONER HAIR LSTR PNK 80Z BOBBARKER L506 12/CS	652-42	24.00	CS		79.64000	\$1,911.36	01/19/2024
					Schedule Total		\$1,911.36	
					Item Total	for Line 1	\$1,911.36	
2-1	652-29-50000-0 PETROLEUM JELLY 4OZ 12/BX 6/CS BOBBARKER PJ4	652-29	24.00	CS		14.97000	\$359.28	01/19/2024
					Sch	edule Total	\$359.28	
					Item Total	for Line 2	\$359.28	
3-1	800-05-00034-0 SHOE CNVS STEP-IN BLK SZ12 BOBBARKER 155BK-12	800-05	10.00	PR		7.44000	\$74.40	01/19/2024
					Sch	edule Total	\$74.40	
					Item Total	for Line 3	\$74.40	
4-1	800-05-00033-0 SHOE CNVS STEP-IN BLK SZ11.5 BOBBARKER 155BK-11.5	800-05	10.00	PR		7.44000	\$74.40	01/19/2024
					Sch	edule Total	\$74.40	
					Item Total	for Line 4	\$74.40	
5-1	800-05-00032-0 SHOE CNVS STEP-IN BLK SZ11 BOBBARKER 155BK-11	800-05	10.00	PR		7.44000	\$74.40	01/19/2024
					Sch	edule Total	\$74.40	
							\$74.40	
					Item Total	. ISI LAIRE 3	ψ/τ.τ0	

Purchase Order

Payment Te		Ship V					00000040	
Net 30 If advertised	Prepaid & Allow	BEST WAY		Purchase Order		HHSTX-4-0		
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				Date Revision 01/05/24		201 N Lomor Divis	Pag	
guarantees g equirements	oods or services delivered meet or exceed n s.	Ship To:	HEALTH & HU	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd				
	ts, shipping papers, invoices, and corresp rchase Order Number.	ondence must b	e identified		Austin TX 7875 United States	Austin TX 78751 United States		
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States			Bill To:	Invoice - DADS HEALTH & HU 4001 Highway 3 Brenham TX 77 United States	JMAN SERVICES CO 36 South	OMMISSION	
				Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov			
Exempt Rea	ason: GPO			Purchaser:	Alvarez, Desire	e C		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
5-1	800-05-00031-0 SHOE CNVS STEP-IN BLK SZ10.5 BOBBARKER 155BK-10.5	800-05	10.00	PR	7.44000	\$74.40	01/19/2024	
					Schedule Total	\$74.40		
				Item 7	Total for Line 6	\$74.40		
7-1	800-05-00030-0 SHOE CNVS STEP-IN BLK SZ10 BOBBARKER 155BK-10	800-05	10.00	PR	7.44000	\$74.40	01/19/2024	
					Schedule Total	\$74.40		
				Item 7	Total for Line 7	\$74.40		
8-1	800-05-00029-0 SHOE CNVS STEP-IN BLK SZ9.5 BOBBARKER 155BK-9.5	800-05	10.00	PR	7.44000	\$74.40	01/19/2024	
					Schedule Total	\$74.40		
				Item T	Total for Line 8	\$74.40		
-1	800-05-00028-0 SHOE CNVS STEP-IN BLK SZ9 BOBBARKER 155BK-9	800-05	10.00	PR	7.44000	\$74.40	01/19/2024	
					Schedule Total	\$74.40		
				Item 7	Total for Line 9	\$74.40		
10-1	800-05-00025-0 SHOE CNVS STEP-IN BLK SZ7.5 BOBBARKER 155BK-7.5	800-05	10.00	PR	7.44000	\$74.40	01/19/2024	
					Schedule Total	\$74.40		
				Item To	otal for Line 10	\$74.40		

Purchase Order

Payment Te Net 30	FX SmartBuy PO ID Payment Terms Freight Terms Ship Via Net 30 Prepaid & Allow BEST WAY		Purchase Orc		HHSTX-4-000033613			
Net 30 Prepaid & Allow If advertised by informal bid, Invitation for Offer, or F				Date	Revision			
specification	s, terms, and conditions set forth in the adve esponses become a part of this numbered part	ertisement and ve	endor's	01/05/24				
guarantees g	oods or services delivered meet or exceed n	Ship To:		4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION				
requirements	ts, shipping papers, invoices, and corresp	ondence must b	e identified		4301 N Lamar	Blvd	011111001011	
	rchase Order Number.		e luchtificu		Austin TX 787 United States	51		
Vendor:	1561558062 6 BOB BARKER COMPANY INC			Bill To:		Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South		
	PO BOX 429				4001 Highway			
	FUQUAY VARINA NC 275260429 United States				Brenham TX 7 United States	/833		
				Fax:	979/277-1865	979/277-1865		
				Email:	712Accounting	712Accounting@hhs.texas.gov		
Exempt Rea	son: GPO			Purchaser:	Alvarez,Desir			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
	BOBBARKER 155BK-7							
				S	chedule Total	\$74.40		
				Item Tota	al for Line 11	\$74.40		
12-1	200-10-00001-5	200-10	10.00	EA	9.49000	\$94.90	01/19/2024	
	SWEAT PANT 2XL GRAY SPGY-2XL	200 10	10100	2.1.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	¢7.1170	01/19/2021	
	BOBBARKER			c	abadula Tatal	\$94.90		
					chedule Total al for Line 12			
				Item 10ta		\$74.70		
13-1	200-10-00001-4	200-10	10.00	EA	8.26000	\$82.60	01/19/2024	
	SWEAT PANT XL GRAY SPGY-XL BOBBARKER							
				S	chedule Total	\$82.60		
				Item Tota	al for Line 13	\$82.60		
14-1	200-10-00001-3 SWEAT PANT LGE GRAY SPGY-L	200-10	10.00	EA	8.26000	\$82.60	01/19/2024	
	BOBBARKER							
				S	chedule Total	\$82.60		
				Item Tota	al for Line 14	\$82.60		
15-1	200-10-00001-2	200-10	10.00	EA	8.26000	\$82.60	01/19/2024	
	SWEAT PANT MED GRAY SPGY-M BOBBARKER							
				S	chedule Total	\$82.60		
				Item Tota	al for Line 15	\$82.60		
16-1	200-10-00001-1	200-10	10.00	EA	8.26000	\$82.60	01/19/2024	
	SWEAT PANT SML GRAY SPGY-S BOBBARKER	200 10	10.00	<u></u>	0.20000	φ02.00	51,17,2024	

Purchase Order

	rtBuy PO ID					Dispa	tch via Print
	erms Freight Terms Prepaid & Allow I by informal bid, Invitation for Offer, or Rec is, terms, and conditions set forth in the adve		WAY al; all	Purchase Order Date 01/05/24	Revision	HHSTX-4-00	000336130 Page 5
conforming guarantees g requirement All shipmer	responses become a part of this numbered pu goods or services delivered meet or exceed nu	Ship To:	4551 - Austin HEALTH & 1 4301 N Lama Austin TX 78 United States	-			
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
				Fax: Email:	979/277-1865 712Accountir	5 ng@hhs.texas.gov	
Exempt Rea	ason: GPO			Purchaser:	Alvarez.Des	iree C	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sch	edule Total	\$82.60	
				Item Total f	or Line 16	\$82.60	
17-1	800-05-00026-0 SHOE CNVS STEP-IN BLK SZ8 BOBBARKER 155BK-8	800-05	10.00	PR	7.44000	\$74.40	01/19/2024
				Sch	edule Total	\$74.40	
				Item Total f	or Line 17	\$74.40	
				Total P	O Amount	\$3,439.94	

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

plesive Chronez CTCD

01/05/2024