Health and Human Services Commission

Purchase Order

			-			
Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V i BEST V		Purchase Order		HHSTX-4-0000336141
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 01/09/24	Revision	Page 1	
guarantees go requirements All shipmen	responses become a part of this numbered pu oods or services delivered meet or exceed no ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchase	e order	Ship To:	4514 - Waco:3501 DEPARTMENT C 3501 N 19th St Waco TX 76708 United States	I N 19th St DF STATE HEALTH SERVICES
Vendor:	1270077967 6 DREAM RANCH LLC ATTN: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027 United States			Bill To:	Invoice - DADS HEALTH & HUM 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	IAN SERVICES COMMISSION
				Fax: Email:	254/562-1894 718Accounting@h	uhs.texas.gov
Exempt Reason: N/A			Purchaser:	Reyes, Jeffrey Ale	exander	
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: 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: Lead Contact: Joann Cooper Lead Contact Email: Clarice.Cooper1@hhs.texas.gov Lead Contact Phone: 254-745-5192

HHSC BUYER: Jeffrey Reyes CTCD, CTCM Jeffrey.reyes@hhs.texas.gov

VENDOR: Dream Ranch Office Supplies 129 2nd St #B Krum, TX 76249 (972)668-3190 sheri@dreamranchtx.com

QUOTE 12642

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

REQUIREMENTS/LIMITATIONS: This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

840-38

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 250447

1.00 EA

Dispatch via Print

Health and Human Services Commission

Purchase Order

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Net 30	Prepaid & Allow	BEST WAY	Y	Purchase Order	HHSTX-4-0000336141
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Exempt Reason: N/A			Purchaser:	Reyes, Jeffrey Alexander	
Line-Sch	Inventory Item ID - Line Description	Class/Item Q	uantity	UOM	PO Price Extended Amt Due Date
					dule Total \$245.00 For Line 1 \$245.00
			Total PC	D Amount \$245.00	

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	
Jellez a Ram, CTCD	
	<u>01/09/2024</u>

Dispatch via Print