## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order		HHSTX-4-00	00339039
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.			<b>Date</b> 02/21/24	Revision		Pag
			Ship To:4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COM 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States			
2 2 U S	1273716034 6 XRT LLC 2505 PACE BEND RD S USA SPICEWOOD TX 78669-2610 <b>United States</b>		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		MMISSION
			Fax: Email:	210/531-7883 SAHAccounting@	@dshs.texas.gov	
Exempt Reason:	N/A		Purchaser:	Munoz,Gilbert J		
Line-Sch Inv	entory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
Y24 funding DM/Q	650 - Solicitation 250650A	Callor Atom Quality			Excilided (IIII	2 at Dutt
Attached Terms	and Conditions apply to this Purchas	se Order.				
whole or part wit	rder is contingent upon the continued thout penalty. HHS or the agency do	es not commit to ordering s	pecific quantities of g	oods/services or o	dollar amounts with	respect to this

whole or part without penalty. HHS or the agency does not commit to ordering specific quantities or 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 contact First and Last Name: Parish Harris Phone number: 417-850-0070 Email address: Parish@XRTLLC.com

Agency contact First and Last Name: Bobby Bustillos Phone number: 210-531-7432 Email address: Bobby.Bustillos@hhs.texas.gov

PCS contact First and Last Name: Gilbert Munoz Phone number: 512-406-2473 Email address: Gilbert.Munoz@hhs.texas.gov

1-1	GATE REPAIRS FOR BOTH MAIN AND WEST PLAZA	936-37	1.00	LOT	6498.00000	\$6,498.00	02/21/2024
					Schedule Total	\$6,498.00	
					Item Total for Line 1	\$6,498.00	
					Total PO Amount	\$6,498.00	

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Exempt Rea	son: N/A		Purchaser:	Munoz,Gilbert J		
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	
Milling Murrie ATAD ATAM	
CAULUT MUTTES, CTCD, CTCM	
U	<u>02/21/2024</u>