

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000339237</b>
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.			<b>Date</b> 02/23/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

**Vendor:** 1841962884 9  
INDUSTRIAL FENCE GROUP LLC  
7522 THUNDERSEE DR  
CORPUS CHRISTI TX 784135206  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Exempt Reason:** N/A

**Purchaser:** Munoz, Gilbert J

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding  
OM/S - Formal Solicitation not delegated by POD  
Requisition 247463 - Solicitation HHS0014231A

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of 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: Doug Postert  
Phone number: 361-444-5555  
Email address: accounting@indfencegroup.com

**Agency contact**  
First and Last Name: Christine Cruz  
Phone number: 361-888-8301  
Email address: Christine.Cruz@hhs.texas.gov  
Facility: Corpus Christi State Supported Living Center

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

1-1	CH3 ADD BARB ARMS TO BACK FENCE FOR CLIENT SAFETY AND SECURITY	988-15	1.00	LOT	24367.00000	\$24,367.00	02/23/2024
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<b>Schedule Total</b>	\$24,367.00
<b>Item Total for Line 1</b>	\$24,367.00
<b>Total PO Amount</b>	\$24,367.00

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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**

*Gilbert J. Munoz*, CTCD, CTCM

**02/23/2024**