## Health and Human Services Commission

## **Purchase Order**

Payment Terms	Freight Terms	Ship Via			LILICTV 4 A	00034050
Net 30	Prepaid & Allow ormal bid, Invitation for Offer, or Rec	BEST WAY	Purchase Order	Revision	HHSTX-4-00	
pecifications, terms	s, and conditions set forth in the adve	rtisement and vendor's	Date 03/11/24			Pa
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.			Ship To: d	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor: 1463325861 2 MOBILE COMMUNICATIONS PO BOX 1458 CHARLOTTE NC 282011458 United States		RICA INC	Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 540 Chapel Drive PO Box 1132 Mexia TX 76667 United States		OMMISSION
			Fax: Email:	254/562-1894 718Accounting(	@hhs.texas.gov	
Exempt Reason: N/	/A htory Item ID - Line Description	Class/Item Quanti	Purchaser:	Remschel,Cori	ie Extended Amt	Due Date
PO Service Dates Attached Terms ar This purchase ordo whole or part witho	0 Pricing per attached PDF Quot 03/11/2024 to 08-31-2024 nd Conditions apply to this Purcha er is contingent upon the continue out penalty. HHS or the agency d	ase Order. ed availability of lawful aj oes not commit to orderii	ng specific quantities of g	goods/services of	r dollar amounts with	respect to thi
PO Service Dates Attached Terms ar This purchase order whole or part witho purchase order. Th 88/31/2024 are au /endor contact	03/11/2024 to 08-31-2024 nd Conditions apply to this Purcha er is contingent upon the continue	ase Order. ed availability of lawful aj oes not commit to orderii	ng specific quantities of g	goods/services of	r dollar amounts with	respect to th
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## **Health and Human Services Commission**

## **Purchase Order**

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	н	IHSTX-4-0000340596
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> 03/11/24	Revision	Page	
		Ship To:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
MC PO CH	3325861 2 DBILE COMMUNICATIONS AM BOX 1458 ARLOTTE NC 282011458 <b>ited States</b>	ERICA INC	Bill To:	Invoice - DADS HEALTH & HUMA 540 Chapel Drive PO Box 1132 Mexia TX 76667 United States	IN SERVICES COMMISSION
			Fax: Email:	254/562-1894 718Accounting@hhs	s.texas.gov
Exempt Reason: N/	A		Purchaser:	Remschel,Corie	

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	
(orie Renschel, CTCD	
	<u>03/11/2024</u>