Health and Human Services Commission

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-5-0	000 <u>3</u> 4122
pecifications, ter	nformal bid, Invitation for Offer, or rms, and conditions set forth in the a	dvertisement and vendor's	Date 09/01/24	Revision		Ραξ
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:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934			
				United States	<i>175</i> -	
	1202033233 9 WATERHOUSE DENTAL LABOR 917 S DAVID ST SAN ANGELO TX 769036755 United States	ATORY INC	Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
			Fax: Email:	325/795-3807 710Accounting	@hhsc.state.tx.us	
Exempt Reason:	: N/A					
Line-Sch Inv	ventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Remschel,Cor PO Price	Extended Amt	Due Date
This purchase on whole or part wit purchase order.	es 09/01/2024 to 08/31/2025 s and Conditions apply to this Pur order is contingent upon the conti ithout penalty. HHS or the agency . The agency shall be obligated to automatically canceled.	nued availability of lawful appr / does not commit to ordering	specific quantities of g	oods/services o	or dollar amounts with	n respect to thi
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This purchase of whole or part wi purchase order. 18/31/2025 are /endor contact Ann Waterhous 325-658-4931 waterhouseden Agency contact da Montez 325-465-2203 da.montez@hh PCS contact Corie Remschel Corie.remschel 1-1 Re fab	s and Conditions apply to this Pur order is contingent upon the conti ithout penalty. HHS or the agency . The agency shall be obligated to automatically canceled. ee tal@gmail.com hs.texas.gov hms.texas.gov pairs to dental appliances and prication of new appliances FY25 rvices Dental Lab Services DA1-	nued availability of lawful appr does not commit to ordering pay for only those goods and	specific quantities of g l/or services ordered a LOT 3 Sche	oods/services o nd received by 1	or dollar amounts with the agency. Any func \$3,000.00 \$3,000.00	n respect to th

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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 09/01/24	Revision	Page		
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WA 917 SAI	2033233 9 ITERHOUSE DENTAL LABOR S DAVID ST N ANGELO TX 769036755 ited States	ATORY INC	Bill To:	Invoice - DADS HEALTH & HUMAN SERVIC 2501 Maple St PO Box 451 Abilene TX 79602 United States	CES COMMISSION	
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.u	IS	
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>03/19/2024</u>