

# 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-4-0000341705</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> 03/25/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States
			<b>Page</b> 1

**Vendor:** 1942388882 5  
 QUADIENT INC  
 HASLER INC  
 ATTN STATE GOVERNMENT SERVICES  
 PO BOX 3808  
 MILFORD CT 064608708  
 United States

**Bill To:** Invoice-HHSC; Region 04 Headqu  
 HEALTH & HUMAN SERVICES COMMISSION  
 302 E Rieck Rd  
 Tyler TX 75703  
 United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Exempt Reason:** N/A

**Purchaser:** Burgess,Becky 512/406-2619

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 30 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday to Friday except designated State Holidays

AGENCY CONTACT:  
 Darin Adams (903) 533-4258 darin.adams@hhs.texas.gov

Ship to Attn: Darin Adams

HHSC BUYER:  
 Becky Burgess (512) 406-2619 becky.burgess@hhs.texas.gov

VENDOR:  
 Jacqueline Palmer (972) 820-1723 j.palmer@quadient.com

PURCHASING METHOD: CP-A

TAC §20.220 The comptroller enters into term contracts for the purchase or lease of goods or services used in large quantities by several state agencies.

Term Contract: 985-C1

Term: 1-1-23 to 5-14-24

Smartbuy PO: 24118887

REQUIREMENTS/LIMITATIONS:

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

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

Requisition: 263304

SHIP TO LOCATION CODE: 3137  
 Health and Human Services Commission  
 3303 MINEOLA HWY., TYLER, TX 75702  
 ATTENTION TO: DARIN ADAMS / 903-533-4258 / darin.adams@hhs.texas.gov

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BILL TO LOCATION CODE: 3135  
 Health and Human Services Commission  
 302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04\_admin\_services@hhs.texas.gov

BACK UP SUPER USER: michelle.dawis@hhs.texas.gov 903-509-5143

SCOR DIVISION # 13 HHSC - System Support Services

Please follow the Texas Comptroller's Invoicing standards as seen below.  
 Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.  
 (a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.  
 The invoice should include, but is not limited to including:  
 (1) the contractor's mailing and e-mail (if applicable) address;  
 (2) the contractor's telephone number;  
 (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;  
 (4) the state agency's name, agency number, delivery address;  
 (5) the state agency's purchase order number, if applicable;  
 (6) the contract number or other reference number, if applicable;  
 (7) a valid Texas identification number (TIN) issued by the Comptroller;  
 (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;  
 (9) unit numbers corresponding to the amount of the invoice;  
 (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;  
 (11) other relevant information supporting and explaining the payment requested.

1-1	IS-5000/6000 Series Ink Tank #IS56INKNP	600-80	2.00	EA	381.90000	\$763.80	04/25/2024
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<b>Schedule Total</b>	\$763.80
<b>Item Total for Line 1</b>	\$763.80
<b>Total PO Amount</b>	\$763.80

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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.

<b>Authorized By</b> <i>Becky Burgess, CTCD</i>	<b>03/25/2024</b>
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