

# 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-4-0000343289</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> 04/11/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States
			<b>Page</b> 1

**Vendor:** 1453328644 0  
AMAZON CAPITAL SERVICES INC  
PO BOX 35184  
SEATTLE WA 981245185  
United States

**Bill To:** Invoice-HHSC Region 10, DADS:  
HEALTH & HUMAN SERVICES COMMISSION  
401 Franklin Ave  
Ste 450  
El Paso TX 79901  
United States

**Fax:** 915/834-7587  
**Email:** Reg10\_AP@hhs.texas.gov

**Exempt Reason:** N/A

**Purchaser:** Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

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

DELIVERY: 4 Days After Receipt of PO

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

Requester: Joyce Smith  
Requester Email: Joyce.Smith@hhs.texas.gov  
Requester Phone: (915) 858-7782

Ship To ATTN: Joyce Smith, Joyce.Smith@hhs.texas.gov, (915) 858-7782

HHSC BUYER:  
Ron Connell, CTCD  
Ron.CConnell@hhs.texas.gov  
512-406-2666

VENDOR:  
AMAZON CAPITAL SERVICES INC  
Customer Service  
ar-businessworkbench@amazon.com  
1-888-280-4331  
ORDER #: 114-4948207-2862616

PURCHASING METHOD: SP/E  
Not to Exceed \$10,000.00

Delivery Days ARO  
Terms Net 30  
Shipping/Freight Terms FOB Destination Prepaid Add

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

To receive payment, a contractor must submit an invoice to the state agency receiving the goods or services.

SCOR DIVISION # 13 HHSC SYSTEM SUPPORT SERVICES.

Include PO Number on invoices, bills, receipts, bill of lading, packing slips, and back order.

# 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-4-0000343289</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> 04/11/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States
			<b>Page</b> 2

**Vendor:** 1453328644 0  
AMAZON CAPITAL SERVICES INC  
PO BOX 35184  
SEATTLE WA 981245185  
United States

**Bill To:** Invoice-HHSC Region 10, DADS:  
HEALTH & HUMAN SERVICES COMMISSION  
401 Franklin Ave  
Ste 450  
El Paso TX 79901  
United States

**Fax:** 915/834-7587  
**Email:** Reg10\_AP@hhs.texas.gov

**Exempt Reason:** N/A

**Purchaser:** Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

- 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, and 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.

Requisition #0000259132

\*\*\*\*\*

1-1	Nightstand Table Lamps for Bedrooms Set of 2,30" Tall 3_way Dimmable Touch Control Table Lamp With USB Charging Ports, Brushed Nickel Table Lamp	557-50	1.00	EA	129.99000	\$129.99	04/15/2024
-----	--	--------	------	----	-----------	----------	------------

<b>Schedule Total</b>	\$129.99
<b>Item Total for Line 1</b>	\$129.99
<b>Total PO Amount</b>	\$129.99

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.

# 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-4-0000343289</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> 04/11/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States
			<b>Page</b> 3

**Vendor:** 1453328644 0  
 AMAZON CAPITAL SERVICES INC  
 PO BOX 35184  
 SEATTLE WA 981245185  
 United States

**Bill To:** Invoice-HHSC Region 10, DADS:  
 HEALTH & HUMAN SERVICES COMMISSION  
 401 Franklin Ave  
 Ste 450  
 El Paso TX 79901  
 United States


**Fax:** 915/834-7587  
**Email:** Reg10\_AP@hhs.texas.gov

**Exempt Reason:** N/A

**Purchaser:** Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

**Authorized By**



04/11/2024