

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order HHSTX-4-0000344026
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.			Date 04/18/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 0293 - Beaumont:1090 S 4th St HEALTH & HUMAN SERVICES COMMISSION 1090 S 4th St Beaumont TX 77701 United States
			Page 1

Vendor: 1363684738 9
ULINE INC
PO BOX 88741
CHICAGO IL 606801741
United States

Bill To: Invoice-HHSC Reg 05 ; Administ
HEALTH & HUMAN SERVICES COMMISSION
350 Pine St Flr 9
Beaumont TX 77701
United States

Fax: 409/951-3209
Email: Reg05_Admin_Services@hhsc.state.tx.us

Exempt Reason: N/A

Purchaser: Burns,Debra A

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 CLASS ITEM 680-84 962-86
SCOR HHSC Division System-Support-Services
SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 7-10 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

AGENCY CONTACT:

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO ***
 ***PO NUMBER MUST BE SHOWN AS "0000344026" ON ALL COMUNICATION DOCUMENTS: CONFIRMATION, PACKING SLIPS, LABEL, INVOICE
 SHIP TO ATTN Kvarme,Laura Marie 409-812-2703 LAURA.KVARME@HHS.TEXAS.GOV
 SUPERUSER DIAMOND HENSON 409-730-4010 DIAMOND.HENSON@HHS.TEXAS.GOV
 CONTRACT MANAGER AMANDA FRAZIER 409/550-7598 AMANDA.FRAZIER@HHS.TEXAS.GOV
 SHIP TO LOCATION CODE 0293
 HHSC - WAREHOUSE
 1090 4TH ST, BEAUMONT, TX 77701
 Shipping location open Monday through Friday, 8 AM to 12 PM and 1 PM to 5 PM

BILL TO LOCATION CODE 0281
 HHSC - ATTENTION R05 FINANCIAL SERVICES
 350 PINE ST, BEAUMONT TX 77701

PLEASE EMAIL INVOICES TO Reg05_Admin_Services@hhsc.state.tx.us FASTER PROCESSING.

Please include Invoicing Standards on PO copy for supplier: (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, 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

HHSC BUYER:

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Purchaser: Burns,Debra A

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Debra Burns, CTPM
Direct: 512) 406-2564 CELL 832-818-3936
Debra.Burns@hhs.texas.gov

VENDOR:
VID 1363684738
VENDOR ULINE INC
CONTACT CUSTOMER SERVICE
PHONE 800-295-5510
EMAIL CUSTOMER.SERVICE@ULINE.COM

TERMS NET 30

QUOTE 16564340

***PO NUMBER MUST BE SHOWN AS "0000344026" ON ALL COMMUNICATION DOCUMENTS: CONFIRMATION, PACKING SLIPS, LABEL, INVOICE

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

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 0000266356

1-1	Posts SS Outdoor Crowd Control 3 in Dia x 40in H Rubber Base 2 in W Retractable Nylon Belt Black 35' Belt Length Item H-11327	680-84	10.00	EA	385.00000	\$3,850.00	04/30/2024
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Schedule Total \$3,850.00

post unscrews from base

Item Total for Line 1 \$3,850.00

2-1	Shipping-Freight Handling per Quote UOM IS LOT	962-86	1.00	EA	114.31000	\$114.31	04/30/2024
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Schedule Total \$114.31

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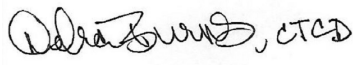
Item Total for Line 2 \$114.31

Total PO Amount \$3,964.31

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 	04/18/2024
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