

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|--|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-4-0000345854 |
| 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 05/07/24 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 1 |
| | | | Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States |

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

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Exempt Reason: N/A

Purchaser: Franks,Kyler

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

SHIP TO: Kasarah Ramirez 361.844.7658 Kasarah.ramirez@hhs.texas.gov

All Deliveries Go to the Warehouse
Bldg/Floor/Cubicle: Bldg 519
Warehouse Delivery Time: 8AM 11:30AM and 1PM 4:30PM
FY24 Purchase

- Items exempt under DIR Blanket exemption - Minimum Threshold Procurements

- Procurement Type: IT / D

- Requisition: 0000261043

- Agency Contact:
Name: Kasarah Ramirez
Phone: 361.844.7658
Email: Kasarah.ramirez@hhs.texas.gov

- Purchaser Information:
Name: Kyler Franks, CTCD CTCM
Email: Kyler.franks@hhs.texas.gov

- Vendor: Amazon Capital Services
Vendor Contact: Customer Service
Vendor Phone: (888) 281-3847
Email: NA

- Quote#: Pricing per vendor website

- Order # 112-5248511-2661867

- **No deliveries on the weekends**

- Include P.O. Number on packing Slips, Cartons, Packages, Bundles, ETC.

Freight: F.O.B. Destination Freight Prepaid Allowed
Terms: Net 30

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, 2023

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|---|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-4-0000345854 |
| 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 05/07/24 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision |
| | | | Page 2 |
| | | Ship To: | 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States |

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

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Exempt Reason: N/A

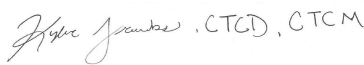
Purchaser: Franks, Kyler

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|------------------------------|--|------------|----------|-----|-----------|--------------|------------|
| 1-1 | Brother® MFC-L5915DW Wireless Business Laser Monochrome All-in-One Printer | 207-20 | 1.00 | EA | 507.99000 | \$507.99 | 05/07/2024 |
| Schedule Total | | | | | | \$507.99 | |
| Item Total for Line 1 | | | | | | \$507.99 | |
| Total PO Amount | | | | | | \$507.99 | |

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.

| | |
|--|-------------------|
| Authorized By  .CTCD, CTCM | 05/07/2024 |
|--|-------------------|