

# 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-5-0000345880</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> 09/01/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

**Vendor:** 1756000714 2  
CITY OF WICHITA FALLS  
PO BOX 1431  
WICHITA FALLS TX 763071431  
United States

**Bill To:** Information Services  
DEPARTMENT OF STATE HEALTH SERVICES  
6515 Kemp Blvd  
PO Box 300  
Wichita Falls TX 76308  
United States

**Exempt Reason:** N/A

**Purchaser:** Hill,Michelle L

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY25 funding  
SP/E  
Requisition 0000266202 Pricing per Quote  
PO Service Dates 09/01/2024 to 08-31-2025  
Goods and/or services are to be delivered and invoiced after September 1, 2024

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2025 are automatically canceled.

Vendor contact  
1756000714  
City of Wichita Falls  
Genia Winchell  
940-761-7836

Agency contact  
Deborah Givens  
940-689-5357  
Deborah.Givens@hhs.texas.gov

PCS contact  
Michelle Hill  
512-776-2851  
Michelle.Hill2@hhs.texas.gov

1-1	FY25-City of Wichita Falls-F3E010-F2200-NTSH-WF	926-93	1.00	LOT	500.00000	\$500.00	09/01/2024
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**Schedule Total**                     \$500.00

This requisition is for a blanket O for FY25.  
Please see attachments.

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**Purchaser:** Hill,Michelle L

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
<b>Item Total for Line 1</b>							\$500.00
<b>Total PO Amount</b>							\$500.00

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**

*Hadarbach Demeuf, CTLD, CTM*

**05/07/2024**