

Report ID:EBPO0055

Database: FSPRD

Prepared By: Fuentes,Michael

Run Date: 9/12/2019 8:15 AM

Prompts: SetID:HHSTX

Bill/Ship SetID: HHSTX

**HHS Purchasing**  
**Contract Purchase Order**



Contract ID: HHS000323700001

Bill To:

Supplier Loc: \*00

Ship To:

Contract Begin Date: <b>02/19/2019</b>	Contract End Date: <b>08/31/2020</b>	Contract PO Number: <b>HHS000323700001</b>	Status <b>I - A</b>	Entered Date <b>02/19/2019</b>
Maximum Contract PO Amount: HHS Agencies guarantee no minimum or maximum quantity for Contract Purchase Orders		<b>130000</b> Contract Manager:		

The State of Texas Agencies, including HHS Agencies, are exempt from all Federal Excise Taxes. The undersigned claims the State and City sales tax exemptions under Texas Tax Code, Section 141.309(4), for tangible goods and services. All subsequent shipments or releases shall be FOB Destination unless otherwise specified in the original solicitation. Additional ship and bill to locations identified in the original solicitation may be specified on a purchase order release referencing this contract.

**Primary Bill To:**

**1752808881**  
**YOUR PEST CONTROL COMPANY, INC.**  
**PO BOX 136086**  
**FORT WORTH TX**  
**76136-0086**

**Primary Ship To:**

OM/S  
REQ#76482

Fiscal Year 2020 Services 9/01/2019 thru 08/31/2020.

Initial Contract 02/19/2019 thru 08/31/2019

1st renewal 09/01/2019 thru 08/31/2020  
2nd renewal 09/01/2020 thru 08/31/2021  
3rd renewal 09/01/2021 thru 08/31/2022

This purchase is for delivery in fiscal year 2020. Goods and/or services may not be delivered or invoiced prior to September 1, 2019.

HHSC or the agency does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/2020 are automatically cancelled.

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

The attached HHSC Terms and Conditions apply to this PO. In event of conflict between terms of parties, HHS-PCS terms and conditions shall prevail.

HHSC Purchasing Contact: Michael Fuentes  
PHONE: 512.406.2433  
FAX: 512.406.2693  
EMAIL: Michael.Fuentes@hhsc.state.tx.us

AGENCY CONTACT: JENIFER WERFEL  
PHONE: 940-591-3304  
JENIFER.WERFEL@HHSC.STATE.TX.US

Vendor Contact: Dee Norris  
Phone: 817 624-9116  
Email: info@yourpestcontrolcompany.com

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**Contract Purchase Order**

Contract ID: HHS000323700001

Bill To:

Supplier Loc: \*00

Ship To:

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
1	Pest Control	910	1	LOT	80000	80000

Line Item	Line Item Description	Class	Max Ln Quantity	UoM	Unit Price	Max Line Amount
2	FY20 Renewal	910	1	LOT	50000	50000

All specifications, terms, and conditions set forth in the contractor's conforming solicitation response become a part of this Contract Purchase Order. Vendor guarantees goods and services delivered will meet or exceed specifications. No substitutions, over-shipments or cancellations are permitted without prior approval from the agency. If the vendor fails to deliver by promised delivery date or fails to meet advertised specifications, the agency reserves the right to purchase elsewhere and charge any increase in cost and handling to the contractor. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the agency and the Vendor to attempt to resolve all disputes arising under this contract.

\_\_\_\_ Releases against this Contract Purchase Order are done by issuing a Purchase Order release and require all shipments, invoices, and correspondence to be identified with the Purchase Order #.

\_\_\_\_ Releases against this Contract Purchase Order are to be done by HHS Purchaser or Contract Manager authorization and are to be identified by this Contract Purchase Order #.

**HHS Purchaser**  
**Signature: \_\_\_\_\_****Date: \_\_\_\_\_ Phone: \_\_\_\_\_**

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-0-0000203807
	Prepaid & Allow	BEST WAY	Date	Revision
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.			09/01/19	Page 1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISSION 3980 State School Rd PO Box 368 Denton TX 76210 United States

Vendor: 1752808881 2  
YOUR PEST CONTROL COMPANY INC  
PO BOX 136086  
FORT WORTH TX 761360086  
United States

Bill To: Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
424 Mesquite Dr  
PO Box 1132  
Mexico TX 76667  
United States

Fax: 254/562-1171

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	Purchaser:	Fuentes,Michael	512/491-2879
					PO Price	Extended Amt	Due Date

OM/S  
REQ#76482

Fiscal Year 2020 Services 9/01/2019 thru 08/31/2020.

Initial Contract 02/19/2019 thru 08/31/2019

1st renewal 09/01/2019 thru 08/31/2020

2nd renewal 09/01/2020 thru 08/31/2021

3rd renewal 09/01/2021 thru 08/31/2022

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

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HHSC Purchasing Contact: Michael Fuentes  
PHONE: 512.406.2433  
FAX: 512.406.2693  
EMAIL: Michael.Fuentes@hhsc.state.tx.us

AGENCY CONTACT: JENIFER WERFEL  
PHONE: 940-591-3304  
JENIFER.WERFEL@HHSC.STATE.TX.US

Vendor Contact: Dee Norris  
Phone: 817 624-9116  
Email: info@yourpestcontrolcompany.com

I-1      910-59      1.00 LOT      50000.00000      \$50,000.00      09/01/2019  
SERVICE-FY20 PEST CONTROL FOR  
DSSLC

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b>	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b>	<b>HHSTX-0-0000203807</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> 09/01/19	<b>Revision</b> Page 2
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Ship To:</b> 5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISSION 3980 State School Rd PO Box 368 Denton TX 76210 United States	

**Vendor:** 1752808881 2  
YOUR PEST CONTROL COMPANY INC  
PO BOX 136086  
FORT WORTH TX 761360086  
United States

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
424 Mesquite Dr  
PO Box 1132  
Mexico TX 76667  
United States

**Fax:** 254/562-1171

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	Purchaser:	Fuentes,Michael	512/491-2879
					PO Price	Extended Amt	Due Date
Schedule Total						\$50,000.00	
Contract ID:	HHS0003237	Contract Line:	0	Release:	1		
Item Total for Line 1						\$50,000.00	
Total PO Amount						\$50,000.00	

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.

Authorized By

*Michael Fuentes, CTPM*

08/29/2019