

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-3-0000294156
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 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States
			Page 1

Vendor: 1742910582 2
SYOXSA INC
SYOXSA INC
6996 COMMERCE AVE
EL PASO TX 79915-1102
United States

Bill To: Invoice-DSHS Accounts Payable
DEPARTMENT OF STATE HEALTH SERVICES
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Fax: 972/551-8052
Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Griffin,Valerie 512/406-2458

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding

"ATTENTION VENDOR" Please send invoices via email to: DSHS.tshbusinessoffice@dshs.texas.gov

SP/E - Purchase Order cannot exceed \$10,000.00

Requisition: 0000190824 Pricing per Quote dated 03/21/2022

PO Service Dates: 09-01-2022 to 08-31-2023

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 08-31-2023 are automatically canceled.

Vendor Contact

First and Last Name: Esteban Trejo
Phone number: 915.240.1984
Email address: Esteban.Trejo@syoxsa.com

Agency Contact

First and Last: Name: Alfredo De La Rosa
Phone number: 915.782.6333
Email address: Alfredo.Delarosacasteanedo@hhs.texas.gov

PCS Contact

First and Last Name: Valerie Griffin
Phone number: 512.406.2458
Email address: Valerie.Griffin@hhs.texas.gov

1-1	FY23 Services - Annual rental of cylinder equipment, Term: 9/1/2022 - 8/31/2023	981-41	1.00	LOT	2000.00000	\$2,000.00	09/01/2022
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Schedule Total \$2,000.00

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1						\$2,000.00	
2-1	FY23 - Delivery fee	981-41	1.00	LOT	200.00000	\$200.00	09/01/2022
Schedule Total						\$200.00	
Item Total for Line 2						\$200.00	
3-1	FY23 Services - Industrial Grade Helium (99.998%), T-size Cylinder, 291 CFT, CGA 580	981-41	1.00	LOT	2000.00000	\$2,000.00	09/01/2022
Schedule Total						\$2,000.00	
Item Total for Line 3						\$2,000.00	
Total PO Amount						\$4,200.00	

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

Valerie Griffin, CTCD, CTCM

07/13/2022