Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		LUICT	V 0 000000 4 470
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000294470
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			Date 09/01/22	Revision	Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	Ship To: 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States		
Vondor: 130	1519806 6		Bill To-	Invoice-DSHS Accounts Pay	abla

Vendor: 1391519806 6

DIRECT SUPPLY INC PO BOX 88201

MILWAUKEE WI 53288-8201

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

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

FY23

BLANKET PURCHASE ORDER

TERM:

September 1, 2022 through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

FREIGHT: F.O.B Destination Freight Prepaid Allowed

DELIVERY: 5-7days After Receipt of PO

Goods and/or services are to be delivered and invoiced after September 1, 2022.

Agency Contact

Lead Contact (Program SME) Name: James W. Lannon Phone: 915-782-6455

Email: james.lannon@hhs.texas.gov

Contract Specialist: Estela Dorado, CTCM

Phone: 915-782-6309

Email: estela.dorado@hhs.texas.gov

Warehouse: Please deliver to building: 504 Attention: James W. Lannon

HHSC BUYER: Leslie Alexander, CTCD

(512) 406-2424

Email: Leslie.Alexander@hhs.texas.gov

Vendor Information:

Vendor Name: Direct Supply Vendor Contact Person: Scott Symes

Vendor PH: 800/243-3875

Vendor Email: BIDS@DIRECTS.COM

PURCHASING METHOD: SP/E

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

Health and Human Services Commission

Purchase Order

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512/406-2424

Extended Amt Due Date

Alexander, Leslie L

PO Price

Payment Ter Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000294470
specifications	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			Revision Page 2
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States	
Vendor:	1391519806 6 DIRECT SUPPLY INC PO BOX 88201 MILWAUKEE WI 53288-8201 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: Email:	972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov

VENDORS SEND INVOICES VIA EMAIL TO: dshs.tshbusinessoffice@dshs.texas.gov

REQUIREMENTS/LIMITATIONS:

Line-Sch

Quantities may be increased or decreased upon need during the term of the PO.

Inventory Item ID - Line Description

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2023 will be considered cancelled.

Quantity

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual and may be cancelled at any time in whole or part without penalty.

This PO*** Not to Exceed \$10,000.00*** without prior authorization from Health and Human Services Commission. Requisition #: 0000192520

Class/Item

1-1	PURCHASE OF EQUIPMENT FOR CH5 (EPSSLC)	840-14	1.00	LOT	5000.00000	\$5,000.00	09/01/2022
					Schedule Total	\$5,000.00	
					Item Total for Line 1	\$5,000.00	
2-1	PURCHASE OF ACCESSORIES FOR CH5 (EPSSLC)	840-14	1.00	LOT	5000.00000	\$5,000.00	09/01/2022
					Schedule Total	\$5,000.00	
					Item Total for Line 2	\$5,000.00	
					Total PO Amount	\$10,000.00	

Health and Human Services Commission

Purchase Order

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Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	ΓX-3-0000294470	
specification	by informal bid, Invitation for Offer, or Ros, terms, and conditions set forth in the adv	vertisement and vendor's	Date 09/01/22	Revision		
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Vendor: 1391519806 6 DIRECT SUPPLY INC PO BOX 88201 MILWAUKEE WI 53288-8201 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: Email:	972/551-8052 DSHS.TSHBusinessOffice	@dshs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Alexander,Leslie L PO Price Exter	512/406-2424 nded Amt	

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

Lastin Hant S, CTP

07/14/2022