## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Extended Amt Due Date

Payment Ter	ě .	Ship Via		ппе.	TX-3-0000296536
Net 30 Prepaid & Allow BEST WAY  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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Purchase Order Date 09/01/22	Revision	Page 1
			Ship To:	4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
Vendor:	1043626476 5 MSDSONLINE INC 27185 NETWORK PL CHICAGO IL 606731271 United States		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.tex	xas.gov
			Purchaser:	Powell,Kenneth J	512/406-2622

FY23 Funding PCC IT/I

Line-Sch

Requisition #:193784

Purchase Order Term Coverage: 09/01/22 Until 08/31/23

**Inventory Item ID - Line Description** 

This contract is contingent upon the continued availability of lawful appropriations by the Texas Legislature. Purchase order issued in accordance with Texas Government Code 2157.068, (e-1).All associated documents are included herein either by attachment or reference

Quantity

**UOM** 

PO Price

Class/Item

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 8/31/23 are automatically cancelled.

Vendor Information:

Vendor: MSDSONLINE INC Vendor ID: 1043626476 Contact Name: Michael Bruffey Email: mbruffey@ehs.com Phone: 3128812876

Agency POC Information

Contact Name: Cabrera, Maria Elena G Email: mariaelena.cabrera1@hhs.texas.gov

Purchaser

Contact: Kenneth J Powell Sr

Email: kenneth.powell@hhs.texas.gov

## **Health and Human Services Commission**

## **Purchase Order**

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Payment T Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000296536	
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Vendor:	1043626476 5 MSDSONLINE INC 27185 NETWORK PL CHICAGO IL 606731271 <b>United States</b>		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	
			Purchaser:	Powell,Kenneth J 512/406-2622	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date	

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** 

Kenneth J. Powell Sr

08/01/2022