Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Durchase Order	нн	STX-3-0000299247
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 I 4 - 8/25/2022		
		Ship To: 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States			
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Vendor: 1411833619 8

PATTERSON DENTAL SUPPLY INC 12625 WETMORE RD STE 103 SAN ANTONIO TX 782473609

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

BLANKET PURCHASE ORDER

TERM: September 1, 2022 through August 31, 2023

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

** VENDORS SEND INVOICES TO **

VIA EMAIL: DSHS.TSHBusinessOffice@dshs.texas.gov

VIA MAIL: DSHS Accounts Payable

DEPARTMENT OF STATE HEALTH SERVICES

PO BOX 70

1200 East Brin, Terrell, TX 75160

MAIL CODE: 3072

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: # Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT:

ESTELA DORADO, CONTRACT MANAGER

915-782-6300

ESTELA.DORADO@HHS.TEXAS.GOV

Ship to Attn: ESTELA DORADO

LEAD CONTACT: DANISA MEYS 915-782-6421

DANISA.MEYS@HHS.TEXAS.GOV

HHSC BUYER: SHARONDA HOLTON, CTCD 512-406-2464

SHARONDA.HOLTON@HHS.TEXAS.GOV

VENDOR: VID: 1411833619

Contractor: PATTERSON DENTAL SUPPLY INC

Contact: Melondy Wilde

Health and Human Services Commission

Purchase Order

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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

Email: melody.wilde@pattersondental.com

Phone: 713-853-6828

Quote # PRICE LIST

PURCHASING METHOD: SP/E

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

REQUIREMENTS/LIMITATIONS:

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

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.

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

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition # 0000299247

PREVIOUS PO: 0000264374

(Include for 1 Lot POs)

Note: Agency will not order products on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets on this PO.

WAREHOUSE INFORMATION:

Warehouse: Please deliver to bldg. #503 - DENTAL

PLEASE NOTE: WAREHOUSE OPENS from 8AM - 5PM (Mountain Time) and CLOSES from 12PM - 1PM for LUNCH. CLOSED ON HOLIDAYS

1-1 260-53 1.00 LOT 3000.00000 \$3,000.00 09/01/2022

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

HHSTY-3-000020247

Net 30	Prepaid & Allow	BEST	WAY	Purch	ase Order	Н	IHS I X-3-00	00029924
	by informal bid, Invitation for Offer, or Req			Date	Revis			Pag
	as, terms, and conditions set forth in the adve			09/01/	22 4 - 8/2	25/2022		
	responses become a part of this numbered pu			Ship T	••	- El Paso:6700		
guarantees goods or services delivered meet or exceed numbered purchase order requirements.			se order			HEALTH & HUMAN SERVICES COMMISSION		
	nts, shipping papers, invoices, and correspo	ondence must l	oe identified			Delta Dr		
	rchase Order Number.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Delta Dr o TX 79905		
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Vendor:	1411833619 8 PATTERSON DENTAL SUPPLY INC 12625 WETMORE RD STE 103 SAN ANTONIO TX 782473609	!		Bill To		E Brin	ounts Payable STATE HEALT	H SERVICES
	United States					TX 75160		
						1-8052 TSHBusiness	sOffice@dshs.texa	s.gov
		O1 01	0 11	Purcha		n,Sharonda		12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Pr	ice	Extended Amt	Due Date
					Schedule To	tal	\$3,000.00	
Supply List								
					Item Total for Line	1	\$3,000.00	
						.00	\$2,000.00	09/01/2022
2-1	FY23 - SERVICES, Dental equipment maintenance and repair for CH5 EPSSLC	260-53	1.00	LOT	2000.000	100	Ψ2,000.00	
2-1	maintenance and repair for CH5	260-53	1.00	LOT	2000.000 Schedule To		. ,	
2-1	maintenance and repair for CH5	260-53	1.00			tal	\$2,000.00	

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.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By	
Shamdad Alton, CTCD	08/25/2022