

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000301082
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 09/26/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

Vendor: 1900999880 8
SOUTH CENTRAL SUPPLY LLC
828 BETTERMAN DR
PFLUGERVILLE TX 786605117
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Andrews, Kimberly 972/337-6254

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

FY23
NIGP: 175-54
SP/E - Spot Purchase Up to \$10,000.00

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: X 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:
MINSHEW
PHONE #: 512-776-3670

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:
DEPARTMENT ID CODE: H42000
PROGRAM CODE:
INTERNAL DELIVERY CODE: 4546
Requester name: Cody Minshew
Requester Phone Number/area code: 512-776-3670
Requester E-mail: Cody.Minshew@dshs.texas.gov

PCS:
Kimberly Andrews, CTCD
Purchaser IV-Admin.Goods Team
Procurement and Contracting Services (PCS)
801 S Hwy 161 Suite 620, Office F
Grand Prairie, Texas 75051
Teleworking-please call thru Microsoft
Office: 972-337-6254
Kimberly.Andrews@hhs.texas.gov

VENDOR:
828 Betterman Drive Pflugerville Texas 78660 VID: 1900999880800 sales@supplytexas.com (512) 367 - 0311
QUOTE Q10795

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00
REQUIREMENTS/LIMITATIONS:

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000301082
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 09/26/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision
			Page 2
		Ship To:	4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

Vendor: 1900999880 8
SOUTH CENTRAL SUPPLY LLC
828 BETTERMAN DR
PFLUGERVILLE TX 786605117
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Andrews, Kimberly 972/337-6254

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

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding. Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000205942

1-1	500CSTR4R60, 4" WHITE ROUND 60 PT. PAPER COASTER - 1000/CASE	175-54	4.00	CS	79.99000	\$319.96	09/26/2022
-----	---	--------	------	----	----------	----------	------------

Schedule Total \$319.96

Item Total for Line 1 \$319.96

Total PO Amount \$319.96

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 	09/26/2022
--	-------------------