Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter Net 30	Prepaid & Allow	Ship V BEST	WAY	Purchase Order		HHSTX-3-00003011	57
specifications	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the adver	tisement and ve	Date 09/26/22	Revision	P	age 1	
guarantees go requirements All shipment	esponses become a part of this numbered pur pods or services delivered meet or exceed nu ts, shipping papers, invoices, and corresporchase Order Number.	mbered purchas	Ship To:	1818 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Ste M202 Austin TX 78756 United States			
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To:	Invoice-DSHS F DEPARTMENT 1100 W 49th St (PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH SERVICES (RBB)	i
				Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov	
				Purchaser:	Arnold,Valerie		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	
Wireless pre coordinators	esentation remote will be used for trainings.	gs or presenta	ation conducto	ed by Vision Hearing	Spinal Screening	manager and regional	
1-1	Wireless Presenter with Laser Ponter 2.4Ghz Ppt Clicker, Suppurt Super Url, Powerpoint Presentation Remotes R400,, Usb Control For Teach #FORHAPPY-	785-83	4.00	EA	14.99000	\$59.96 10/11/2022	

Agency Delivery Contact: Name: Beverly Collins-Moore Phone #: +1 (512) 776-2008

Email: Beverly.CollinsMoore@dshs.texas.gov

Vendor Contact: South Central Supply

L1521-48

VIN: 1900999880800 Phone #: 512-367-0311 Email: sales@supplytexas.com

Item Total for Line 1 \$59.96

Schedule Total

Total PO Amount \$59.96

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.

Department of State Health Services

Purchase Order

Dispatch via Print

Payment T	erms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000301157	
	d by informal bid, Invitation for Offer, or Re		Date	Revision Page	
	ns, terms, and conditions set forth in the adv		09/26/22	2	
	responses become a part of this numbered p goods or services delivered meet or exceed r		Ship To:	1818 - Austin:1100 W 49th St (RDM)	
requiremen	6	iumbered purchase order		DEPARTMENT OF STATE HEALTH SERVICES	
	nts, shipping papers, invoices, and corresp	ondence must be identified		1100 W 49th St (RDM) Ste M202	
	urchase Order Number.			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: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Arnold, Valerie	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date	

Authorized By

VILLER ARMOND, CTCD, CTCM

09/26/2022