

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-3-0000301455
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 09/29/22
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: 1410948415 5
FASTENAL COMPANY
PO BOX 1286
WINONA MN 55987-0978
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: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods

TXMAS- 18-51V07
CP/X

Requisition #: HHSTX-3-0000206213
Texas Smart Buy PO - 23008172

Requester: Rachel Lee
Phone #: 512 776-7158
Email: rachel.lee@dshs.texas.gov

Purchaser Name: Ron Connell
Phone #: 512-406-2666
Email: ron.connell@hhs.texas.gov

Vendor Name: FASTENAL COMPANY
Contact: Zach Wise
Phone #: 507-313-7206
Email: txsmartbuy@fastenal.com

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

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.

Laboratory L-453.2

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1	BLUE FINE POINT SHARPIE[REG] RETRACTABLE PERMANENT MARKER; NIGP: 19580; SUPPLIER	620-90	24.00	EA	3.04000	\$72.96	10/06/2022
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	#1614573; MANUFACTURER #32703						
					Schedule Total	\$72.96	
					Item Total for Line 1	\$72.96	
2-1	99873054 COMMAND(TM) LARGE WHITE PICTURE HANGING STRIPS 17206-ES 4CT; NIGP: 61551; SUPPLIER #99873054; MANUFACTURER #00051141322698	615-60	12.00	EA	6.27000	\$75.24	10/06/2022
					Schedule Total	\$75.24	
					Item Total for Line 2	\$75.24	
3-1	790J 15A 1800W 4' CORD 6 OUTLETS PLASTIC SURGE SUPPRESSOR; NIGP: 28590; SUPPLIER #0720757; MANUFACTURER #TLP604	285-90	5.00	EA	23.38000	\$116.90	10/06/2022
					Schedule Total	\$116.90	
					Item Total for Line 3	\$116.90	
Total PO Amount						\$265.10	

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.

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Authorized By



09/29/2022