Department of State Health Services

Purchase Order

					Dispatch via Print		
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000302115		
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendor's	Date 10/06/22	Revision Page			
guarantees	responses become a part of this numbered p oods or services delivered meet or exceed r s. ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchase order	Ship To:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 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:	Mcmurtray,Nicol			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date		

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

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

DELIVERY:7 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: Heather Clark Email: Heather.Clark@dshs.texas.gov Phone: 254-771-6799

HHSC BUYER: Nikki McMurtray, CTCD, CTCM Nikki.McMurtray@hhs.texas.gov 512-776-6190

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

Quote: Q14006

PURCHASING METHOD: SP/E

Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:

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 207851

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If advertised b specifications	by informal bid, Invitation for Offer, or Rec , terms, and conditions set forth in the adve	Date 10/06/22	Revision		Page 2		
guarantees go requirements. All shipment	esponses become a part of this numbered pu ods or services delivered meet or exceed nu s, shipping papers, invoices, and corresp chase Order Number.	Ship To:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States				
Vendor:	19009999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To:		347 3756	H SERVICES
				Fax: Email:	512/458-7442 invoices@dsl		
					ray,Nicole		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Brother P-Touch PT-H103W Handheld Personal Label Maker # PT-H103W	600-66	1.00	EA	32.99000	\$32.99	10/15/2022
				Sch	edule Total	\$32.99	
					for Line 1		
2-1	Brother P-Touch TZE-ML35 White on Matte Gray Laminated Tape # TZEML35	207-72	5.00	EA	21.77000	\$108.85	10/15/2022
				Sch	edule Total	\$108.85	
				Item Total	for Line 2	\$108.85	
				Total I	O Amount	\$141.84	

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
MKKi Mamurtay, (TCD, CTCM)