## Department of State Health Services

## Purchase Order



FREIGHT: F.O.B DESTINATION FREIGHT PREPAID ALLOWED

DELIVERY: 30 DAYS AFTER RECEIPT OF PO

AGENCY DELIVERY CONTACT:
DENE THOMPSON
512-776-2457
DENE.THOMPSON@DSHS.TEXAS.GOV
REQUESTOR/INTERNAL DELIVERY INFO:
NACHEA (NIKKI)QUALLS
512-776-7491
NACHEA.QUALLS@DSHS.TEXAS.GOV

HHSC BUYER:
JULIE, CTCD, CTCM
512-406-2514
JULIE.CALL@HHS.TEXAS.GOV
VENDOR:
SOUTH CENTRAL SUPPLY_1900999880800
828 BETTERMAN DRIVE
PFLUGERVILLE TEXAS 78660
SALES@SUPPLYTEXAS.COM
(512) 367-0311

QUOTE \# Q14217
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 FY23.
REQUISITION \# 205686

## Department of State Health Services

## Purchase Order



|  |  |  |  | Purchaser: | Call,Julie Ann | 512/406-2514 |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |

[^0]|  |  |  |  |  | Schedule Total | \$905.00 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Item Total for Line 1 | \$905.00 |  |
| 2-1 |  | 395-51 | 2.00 | M | 45.25000 | \$90.50 | 11/18/2022 |
|  | 325356-\#\#RR, \#651 XYRESIST WHITE PLASTIC BLACK PRINT LABELS FOR SLIDES, 23RR AND NUMBERS 1-500, 4 OF THE SAME NUMBER WITH THE PREFIX PRINTED ABOVE THE NUMBER, PREFIX 23RR, ROLLS OF 4000, 2 ACROSS ON A 3 INCH CORE, WOUND OUT/BOTTOM 2 |  |  |  |  |  |  |
|  |  |  |  |  | Schedule Total | \$90.50 |  |
|  |  |  |  |  | Item Total for Line 2 | \$90.50 |  |
| 3-1 | SHIPPING | 962-86 | 1.00 | LOT | 28.85000 | \$28.85 | 11/18/2022 |
|  |  |  |  |  | Schedule Total | \$28.85 |  |
|  |  |  |  |  | Item Total for Line 3 | \$28.85 |  |
|  |  |  |  |  | Total PO Amount | \$1,024.35 |  |

## Department of State Health Services

## Purchase Order

| Payment Terms Net 30 | Freight Terms Ship Via <br> Prepaid \& Allow BEST WAY | Purchase Order | HHSTX-3-0000303075 |
| :---: | :---: | :---: | :---: |
| 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 11/02/22 | Revision $\begin{array}{r}\text { Page } \\ 3\end{array}$ |
|  |  | Ship To: | 4546-Austin:1100 W 49th St (DBGL <br> DEPARTMENT OF STATE HEALTH SERVICES <br> 1100 W 49th St (DBGL) <br> PO Box 149347 <br> Austin TX 78756 <br> United States |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. |  |  |  |
| Vendor: 19009998808 <br> SOUTH CENTRAL SUPPLY LLC <br> 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States |  | Bill To: | Invoice-DSHS Fiscal Claims <br> DEPARTMENT OF STATE HEALTH SERVICES <br> 1100 W 49th St (RBB) <br> PO Box 149347 <br> Austin TX 78756 <br> United States |
|  |  | Fax: <br> Email: | $\begin{aligned} & \text { 512/458-7442 } \\ & \text { invoices@dshs.texas.gov } \end{aligned}$ |


|  |  |  | Purchaser: | Call,Julie Ann |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt |
|  |  |  |  |  |  |  |

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


[^0]:    LABELS FOR SLIDES, 23VR AND
    NUMBER 1-10,000, 2 SETS OF THE
    SAME NUMBER WITH PREFIX
    PRINTED ABOVE THE NUMBER,
    PREFIX 23VR, ROLLS OF 4000, 2
    ACROSS ON A 3 INCH CORE,
    WOUND OUT/BOTTOM 2

