## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

**Extended Amt** Due Date

Payment Tell Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	STX-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			Date 11/02/22	Revision	Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:  4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICE 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: Email:	512/458-7442 invoices@dshs.texas.gov	7
			Purchaser:	Call,Julie Ann	512/406-2514

Quantity

**UOM** 

PO Price

Class/Item

FREIGHT: F.O.B DESTINATION FREIGHT PREPAID ALLOWED

**Inventory Item ID - Line Description** 

DELIVERY: 30 DAYS AFTER RECEIPT OF PO

AGENCY DELIVERY CONTACT:

DENE THOMPSON 512-776-2457

Line-Sch

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**

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Payment Te Net 30	Prepaid & Allow	Ship V BEST	WAY	Pur	chase Order	HHSTX-3-0	
specification	by informal bid, Invitation for Offer, or Red is, terms, and conditions set forth in the adve	ertisement and ve	ndor's	<b>Dat</b> 11/0	e Revision 02/22		Pa
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship	DEPARTMENT 1100 W 49th St PO Box 149347	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 <b>United States</b>			Bill		r of state healt (RBB)	H SERVICES
					<b>Fax:</b> 512/458-7442	texas.gov	
				Pur	chaser: Call,Julie Ann	5	12/406-2514
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
	PRINTED ABOVE THE NUMBER, PREFIX 23VR, ROLLS OF 4000, 2 ACROSS ON A 3 INCH CORE, WOUND OUT/BOTTOM 2				Schedule Total		
					Item Total for Line 1	\$905.00	
2-1	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	395-51	2.00	M	45.25000	\$90.50	11/18/2022
					Schedule Total	\$90.50	
					Item Total for Line 2	\$90.50	
3-1		962-86	1.00	LOT	28.85000	\$28.85	11/18/2022
3-1	SHIPPING						
3-1	SHIPPING				Schedule Total	\$28.85	
3-1	SHIPPING				Schedule Total  Item Total for Line 3		

## **Department of State Health Services**

### **Purchase Order**

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Payment Te	erms Freight Terms	Ship Via			OTV 0 0000000
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000303075
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			Ship To:		
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
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			Purchaser:	Call,Julie Ann	512/406-2514
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

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

Julie Call, CTPM, CTCM

11/02/2022