

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-3-0000303824
Net 30	Prepaid & Allow	BEST WAY	Date	Revision
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.			10/28/22	Page 1
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 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
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: Call,Julie Ann 512/406-2514

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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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:
JAN OWEN
512-776-7342
JAN.OWEN@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 # Q14228

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 # 209429

1-1	XYLENE RESISTANT MYLAR NUMBER LABELS, 5/8 X 7/8 IN,	203-87	10.00	M	47.25000	\$472.50	10/28/2022
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	BLACK ON WHITE, CONSECUTIVE NUMBERS (AP2300001 TO AP2305000) 2 LABELS PER NUMBER, PREFIX PRINTS ABOVE NUMBER, TOTAL 10000 LABELS PRICED PER THOUSAND, ROLLS OF 1000						
					Schedule Total	\$472.50	
					Item Total for Line 1	\$472.50	
2-1	XYLENE RESISTANT MYLAR NUMBER LABELS, 5/8 X 7/8 IN, BLACK ON WHITE, CONSECUTIVE NUMBERS (AMCC2300001 TO AMCC2325000) 1 LABEL PER NUMBER, PREFIX PRINTS ABOVE NUMBER, TOTAL 25000 LABELS PRICED PER THOUSAND, ROLLS OF 1000	203-87	25.00	M	47.25000	\$1,181.25	10/28/2022
					Schedule Total	\$1,181.25	
					Item Total for Line 2	\$1,181.25	
3-1	XYLENE RESISTANT MYLAR NUMBER LABELS, 5/8 X 7/8 IN, BLACK ON WHITE, CONSECUTIVE NUMBERS (AMSO2300001 TO AMSO2300200) 1 LABEL PER NUMBER, PREFIX PRINTS ABOVE NUMBER, TOTAL 200 LABELS PRICED PER THOUSAND, ROLLS OF 1000	203-87	0.20	M	47.25000	\$9.45	10/28/2022
					Schedule Total	\$9.45	
					Item Total for Line 3	\$9.45	
4-1		203-87	25.00	M	47.25000	\$1,181.25	10/28/2022

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	XYLENE RESISTANT MYLAR NUMBER LABELS, 5/8 X 7/8 IN, BLACK ON CLEAR, CONSECUTIVE NUMBERS (AMCC2300001 TO AMCC2325000) 1 LABEL PER NUMBER, PREFIX PRINTS ABOVE NUMBER, TOTAL 25000 LABELS PRICED PER THOUSAND, ROLLS OF 1000						
					Schedule Total	\$1,181.25	
					Item Total for Line 4	\$1,181.25	
5-1	PRICING IS BASED ON A 45 LOT COMBO RUN / INCLUDES SHIPPING	962-86	1.00	LOT	0.00000	\$0.00	10/28/2022
					Schedule Total	\$0.00	
					Item Total for Line 5	\$0.00	
					Total PO Amount	\$2,844.45	

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 Calk, CTPM, CTCM

11/02/2022