## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	H	HHSTX-3-0000304208	
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Date</b> 11/07/22	<b>Revision</b> 1 - 11/7/2022	Page 1	
			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
T7 1 104	(2400510.2		- D:11 #	i ; bana E,	101:	

**Vendor:** 1263499518 2

MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502

**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: Alexander, Leslie L 512/406-2424

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

FY23 Purchase

Texas Smart Buy Purchase Order #: 23029309

CP/X

TXMAS-19-7502

Term: 12/06/2018 thru 09/27/2023

No Renewals Remaining

Requisition #: 0000209605

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Rebecca Waldron / 512-231-5609

Email: Rebecca.Waldron@dshs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

**VENDOR INFORMATION:** 

Contractor: Mono Machines LLC dba Supply Chimp

Contact Name: Chris McPherson Email: helpme@supplychimp.com

Phone: (800) 592-1306

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 615-09 8.00 BOX 4.39000 \$35.12 11/08/2022

ABILITYONE 7510016169670 DOCUMENT PROTECTOR

Schedule Total \$35.12

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Ship Via

Payment Terms

Freight Terms

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Vendor:	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States			Bill To:	Invoice-DSHS Fis DEPARTMENT ( 1100 W 49th St (I PO Box 149347 Austin TX 78756 United States	OF STATE HEALT	H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov		
				Purchaser:	Alexander,Leslie	<u> L</u> 5	12/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
				Item	Total for Line 1	\$35.12		
2-1	ABILITYONE 7510013754510 7510013754510 FLDR FIL 1-3	615-41	8.00	PKG	2.67000	\$21.36	11/08/2022	
					Schedule Total	\$21.36		
				Item	Total for Line 2	\$21.36		
				Т	otal PO Amount	\$56.48		

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	
Lastie Hant S, CTP	11/07/2022