## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Extended Amt Due Date

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	ΓX-3-0000304658
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 11/09/22	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:	th Loop RVICES COMMISSION		
Vendor:	1582214685 6 SOUTHERN COMPUTER WAREHOUSE INC PO BOX 745102 ATLANTA GA 303745102 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:	Powell,Kenneth J	512/406-2622

Quantity

UOM

PO Price

FY23 Funding

IT/I

Line-Sch

Requisition 209969 Quote: 1751859

PO Service Dates 11/09/22 Until 08/31/2023

**Inventory Item ID - Line Description** 

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068, DIR-CPO-5090

Class/Item

**Vendor Information** 

Vendor: Southern Computer Warehouse, Inc.

Vendor ID: 1582214685600 Contact Name: Eric Craig Email: eric.craig@scw.com Phone: 877.468.6729

Agency POC Information Contact Name: Loredo, Angie R Email: angie.loredo@dshs.texas.gov

Phone: (512) 776-6380

SHIP TO ATTN: LOREDO, ANGIE R PLEASE DELIVER TO TOWER, 2ND FLOOR, ROOM 203, CUBICLE #201.5

					Schedule Total	\$351.92	
1-1	USB Headset H570E STEREO	803-50	8.00	EA	43.99000	\$351.92	11/09/2022
		002.50	0.00		12 00000	<b>#251.02</b>	11/00/000

Item Total for Line 1 \$351.92

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			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States			
Vendor:	1582214685 6 SOUTHERN COMPUTER WAREHOUSE INC PO BOX 745102 ATLANTA GA 303745102 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.texa	is.gov	
		GI GI		Purchaser:	Powell,Kenneth J		2/406-2622
Line-Sch	Inventory Item ID - Line Description	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

Kenneth J. Powell Sr

Total PO Amount