Department of State Health Services

Purchase Order

Dispatch via Print

Payment To	erms Freight Terms	Ship V	ia .				Dispa	ten via Filli	
Net 30 If advertised	FOB Dest. Prepaid & Allowed by informal bid, Invitation for Offer, or Req	or Offer, or Request for Proposal; all		Purchase Order Date		Revision	HHSTX-3-00	Page	
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.					10/22 p To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop 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			
				Pur	chaser:	Fletcher,Patri	cia Rose		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
1-1	Banker Box Fellowes0073, File Storage Box Letter/Legal Size with Lift Off Lid,10HX12WX15D, White/Blue, 12/Carton, #21224 t Buy wish list is attached.	615-33	1.00	CTN	Sche	42.06000 dule Total	\$42.06 \$42.06	11/22/2022	
	•				Item Total	for Line 1	\$42.06		
2-1	Sealed Air JIffy Padded Self Seal Mailer #4, 9 1/2 X 14 1/2, Natural Kraft, 25/Carton, #118871	310-67	1.00	CTN		49.05000	\$49.05	11/22/2022	
					Sche	dule Total	\$49.05		
					Item Total	for Line 2	\$49.05		
3-1	Macerated Paper Padded Mailer Envelopes, 12.5X 19, Natural Kraft, 50 per Box, # 227568	310-67	2.00	BOX		43.17000	\$86.34	11/22/2022	
					Sche	dule Total	\$86.34		
					Item Total	for Line 3	\$86.34		
					m	o. 4	***		
					Total P	O Amount	\$177.45		

Department of State Health Services

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Payment To Net 30	FOB Dest. Prepaid & Allowed	Ship V BEST V		Purchase Order		HHSTX-3-0000	304838
specification	d by informal bid, Invitation for Offer, or Requires, terms, and conditions set forth in the advert	Date 11/10/22	Revision		Page 2		
guarantees g requirement All shipmen	responses become a part of this numbered pur goods or services delivered meet or exceed nurs. s. nts, shipping papers, invoices, and correspondences Order Number.	Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES C 1111 W North Loop Austin TX 78756 United States		MAN SERVICES COMMI oop	OMMISSION		
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			DIII 101		47 756	
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
				Purchaser:	Fletcher,Patricia		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Du	e 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 Patricia Fletcher, CIPM

11/10/2022