Department of State Health Services

Purchase Order

					51	spatch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST V		Purchase Order	HHSTX-	8-0000305196
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 11/17/22	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:	1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 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 HE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ALTH SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
				Purchaser:	Perez,Aurora Dianne	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended	Amt Due Date

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 3 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT: Raven Keith 956-421-5511 Raven.Keith@hhs.texas.gov

HHSC BUYER: Dianne Perez, CTCD 512-406-2493 Dianne.perez@hhs.texas.gov

VENDOR: South Central Supply 512-367-0311 Sales@supplytexas.com

QUOTE dated 11/17/22

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. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 212388

1-1

Item #, HRF-C2 BUNDLE OF THREE HONEYWELL FILTER C HEPACLEAN REPLACEMENT FILTER 2-PACKS 557-34

1.00 EA

40.00000

Dispatch via Print

Department of State Health Services

Purchase Order

Payment Te	yment Terms Freight Terms Ship Via					
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000305196	
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 11/17/22	Revision	Page 2	
guarantees g requirements All shipmen	responses become a part of this numbered pu oods or services delivered meet or exceed nu s. ts, shipping papers, invoices, and correspo rchase Order Number.	imbered purchase order	Ship To:	1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States		
Vendor:	1900999880 8 South Central Supply LLC 828 Betterman Dr Pflugerville TX 786605117 United States		Bill To:		347 8756	
			Fax: Email:	512/458-744 invoices@ds		
			Purchaser:	Perez,Auro	ra Dianne	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	
			Sche	dule Total _	\$40.00	
		Item Total	for Line 1 _	\$40.00		
			Total P	O Amount	\$40.00	

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	
Diame Perg. CTCD	<u>11/17/2022</u>

Dispatch via Print