Department of State Health Services

Purchase Order

Dispatch via Print

ation for Offer, or Request for Proposal; as set forth in the advertisement and venuant of this numbered purchase order. Con	lor's 11/18/22	vision Page	
rt of this numbered purchase order. Con		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.		6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
AL SUPPLY LLC N DR E TX 786605117	DEF 1100 PO I Aus	oice-DSHS Fiscal Claims PARTMENT OF STATE HEALTH SERVICES 0 W 49th St (RBB) Box 149347 stin TX 78756 ted States	
		/458-7442 pices@dshs.texas.gov	
l	N DR	N DR 110 TX 786605117 PO Aus Uni	

Quantity

Purchaser:

UOM

Vasquez lii, Richard

Extended Amt

Due Date

PO Price

SP/E

Line-Sch

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

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

Inventory Item ID - Line Description

DELIVERY: 10 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

Class/Item

AGENCY CONTACT: Sarah Ady sarah.ady@dshs.texas.gov +1 (512) 776-3404

HHSC BUYER: Richard Vasquez richard.vasqueziii@hhs.texas.gov 512-639-7327

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

Air Purifiers, 10 X 6 1/2 X 2

Requisition 211043

1-1 485-05 12.00 EA 34.99000 \$419.88 11/30/2022 Replacement Modular Hepa Filter for

Schedule Total _____\$419.88

Item Total for Line 1 _____\$419.88

Department of State Health Services

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Payment Terr Net 30	ms Freight Terms Prepaid & Allow	Ship V		Purchase Order		HHSTX-3-0000305297
Net 30 Prepaid & Allow BEST WAY 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.		Date 11/18/22 Ship To:	Revision Pa			
			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 Line-Sch Inventory Item ID - Line Description	SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117	С	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	
		Class/Item	Quantity	Purchaser: UOM	Vasquez Iii,Ric	chard 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
Ruled Varguey of CTCD, CTCM

Total PO Amount

11/18/2022

\$419.88