### **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

**Due Date** 

**Extended Amt** 

| Payment Te<br>Net 30   | rms Freight Terms Prepaid & Allow  | Ship Via BEST WAY Purchase   | e Order HHSTX-3-0000306  | 313       |
|--|--|--|--|-----------|
| specifications<br>conforming r<br>guarantees go<br>requirements<br>All shipmen | by informal bid, Invitation for Offer, or Requ<br>s, terms, and conditions set forth in the advert<br>responses become a part of this numbered pur<br>cods or services delivered meet or exceed nur<br>ts, shipping papers, invoices, and correspondence Order Number. | sement and vendor's hase order. Contractor abered purchase order  12/07/22  Ship To: |  | Page<br>1 |
| Vendor:  | 1900999880 8<br>SOUTH CENTRAL SUPPLY LLC<br>828 BETTERMAN DR<br>PFLUGERVILLE TX 786605117<br>United States   | Bill To:   | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States | ES        |
|  |  | Fax:<br>Email  |  |           |
|  |  | Purchaser  | er: Wherry, Valerie F 940/720-8479   | 9         |

PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

Quantity

PO Price

**UOM** 

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

**Inventory Item ID - Line Description** 

DELIVERY: 7-10 Days After Receipt of PO

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

Class/Item

AGENCY CONTACT: Celeste Ramirez (737)262-6582 celeste.ramirez@dshs.texas.gov 1100 W 49st (RDM) Food Drug Section

HHSC BUYER: Valerie Wherry, CTCD (940)720-8479 valerie.wherry@hhs.texas.gov

VENDOR: Hope Craft (512)367-0311 sales@pplytexas.gov

QUOTE: Q14428

Line-Sch

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 0000208842

# **Department of State Health Services**

# **Purchase Order**

Dispatch via Print

| Payment Ter<br>Net 30   | rms Freight Terms<br>Prepaid & Allow   | Ship V<br>BEST |                  | Purchase Order | . [   | HHSTX-3-0            | 000306313   |  |
|---|--|----------------|------------------|----------------|---|----------------------|-------------|--|
| 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<br>12/07/22 | Revision       |   | <b>Page</b> 2        |             |  |
| 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:       | 4544 - Austin:1111 W North Loop<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1111 W North Loop<br>Austin TX 78756<br>United States |                      |             |  |
| Vendor:   | 1900999880 8<br>SOUTH CENTRAL SUPPLY LLC<br>828 BETTERMAN DR<br>PFLUGERVILLE TX 786605117<br>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:<br>Email: | 512/458-7442<br>invoices@dshs.texas.gov   |                      |             |  |
|   |  |                |                  | Purchaser:     | Wherry,Valerie F  |                      | 40/720-8479 |  |
| Line-Sch  | Inventory Item ID - Line Descript bag.   | ion Class/Item | Quantity         | UOM            | PO Price  | Extended Amt         | Due Date    |  |
|   |  |                |                  |                | for Line 1  |                      |             |  |
| 2-1   | #S-20204-M, Sterile Cleanroom Nit<br>Gloves - Medium, 100/bag, (50 pair<br>bag.                            |                | 3.00             | BAG            | 110.00000   | \$330.00             | 12/23/2022  |  |
|   |  |                |                  |                | edule Total   |                      |             |  |
| 3-1   | #S-20204-S, Sterile Cleanroom Nitr<br>Gloves - Small, 100/bag, (50 pair pe<br>bag.                         |                | 4.00             | Item Total     | for Line 2  | \$330.00<br>\$440.00 | 12/23/2022  |  |
|   | oug.   |                |                  | Sch            | edule Total   | \$440.00             |             |  |
|   |  |                |                  | Item Total     | for Line 3  | \$440.00             |             |  |
|   |  |                |                  | Total I        | PO Amount   | \$1,100.00           |             |  |

# **Department of State Health Services**

### **Purchase Order**

Ship Via

**Dispatch via Print** 

| Net 30  | Prepaid & Allow  | BEST       | WAY                  | Purchase Order | F   | HSTX-3-00    | 00306313    |
|---|--|------------|----------------------|----------------|---|--------------|-------------|
| 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   |  |            | <b>Date</b> 12/07/22 | Revision       |   | Page<br>3    |             |
| 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:       | 4544 - Austin:1111 W North Loop<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1111 W North Loop<br>Austin TX 78756<br>United States           |              |             |
| Vendor:   | 1900999880 8<br>SOUTH CENTRAL SUPPLY LLC<br>828 BETTERMAN DR<br>PFLUGERVILLE TX 786605117<br>United States   |            |                      | Bill To:       | Invoice-DSHS Fiscal Claims<br>DEPARTMENT OF STATE HEALTH SER<br>1100 W 49th St (RBB)<br>PO Box 149347<br>Austin TX 78756<br>United States |              | 1 SERVICES  |
|   |  |            |                      | Fax:<br>Email: | 512/458-7442<br>invoices@dshs.texas.gov   |              |             |
| T. G.   | The state of the s | Cl. Ki     |                      | Purchaser:     | Wherry, Valerie F   |              | 40/720-8479 |
| 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.

Payment Terms

Freight Terms

Authorized By
Valerie Wheny, CTCD

12/09/2022