

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307941
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.			Date 01/09/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States
			Page 1

Vendor: 1470902871 7
BEEPSMART COMMUNICATIONS INC
DBA SMARTGROUP SYSTEMS
990 N BOWSER RD STE 720
RICHARDSON TX 750812859
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Mills,George M

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: 3-7 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:
Lead Contact: Ramirez, Celeste K
Lead Contact Email: Celeste.Ramirez@dshs.texas.gov
Lead Contact Phone

Ship to Attn: Contact: Ramirez, Celeste K
Contact Email: Celeste.Ramirez@dshs.texas.gov
Contact Phone:

HHSC BUYER:
George Mills, CTCD
512-406-2651
George.Mills@hhs.texas.gov

VENDOR:
Contractor:
Beepsmart Communications Inc. DBA Smart Group Systems

Contact Name: Mickey Faruque
Email: mickey@smgsystems.net
Phone: (972) 235-2161
Address: 990 N. Bowser Rd. STE# 720 Richardson, Texas 75081

PURCHASING METHOD: CP-A

Txmas Contract: TXMAS Term 615-A1
Term: Start Date 8/29/2017 End Date 8/31/2023
Smartbuy PO: 23072172

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

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307941
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.			Date 01/09/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

Vendor: 1470902871 7
BEEPSMART COMMUNICATIONS INC
DBA SMARTGROUP SYSTEMS
990 N BOWSER RD STE 720
RICHARDSON TX 750812859
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Requisition 0000000013818

Please follow the Texas Comptrollers Invoicing standards as seen below.
Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.
(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.
The invoice should include, but is not limited to including:
(1) the contractors mailing and e-mail (if applicable) address;
(2) the contractors telephone number;
(3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
(4) the state agencies name, agency number, delivery address;
(5) the state agencies purchase order number, if applicable;
(6) the contract number or other reference number, if applicable;
(7) a valid Texas identification number (TIN) issued by the Comptroller;
(8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
(9) unit numbers corresponding to the amount of the invoice;
(10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
(11) other relevant information supporting and explaining the payment requested

1-1	HP 62XL (C2P05AN) Black High Yield Original Ink Cartridge, 600 Page- Yield	207-72	40.00	EA	29.51000	\$1,180.40	01/09/2023
-----	--	--------	-------	----	----------	------------	------------

Schedule Total \$1,180.40

Item Total for Line 1 \$1,180.40

Total PO Amount \$1,180.40

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.

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307941
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.			Date 01/09/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 3
		Ship To:	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

Vendor: 1470902871 7
BEEPSMART COMMUNICATIONS INC
DBA SMARTGROUP SYSTEMS
990 N BOWSER RD STE 720
RICHARDSON TX 750812859
United States

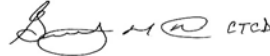
Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Authorized By



01/09/2023