

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308034
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 01/10/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States
			Page 1

Vendor: 1862161688 9
ODP BUSINESS SOLUTIONS LLC
PO BOX 660113
DALLAS TX 75266-0113
United States

Bill To: Invoice-DSHS Accounts Payable
DEPARTMENT OF STATE HEALTH SERVICES
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Fax: 972/551-8052
Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Wilson,Paige

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 14 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:
Judith S Santiesteban
(915) 782-6451
judith.santiesteban@hhs.texas.gov

Ship to Attn:
Pricillia Lara
HEALTH HUMAN SERVICES COMMISSION
6700 Delta Dr
6700 Delta Dr
El Paso, TX 79905

HHSC BUYER:
Paige Wilson,CTCD
Paige.wilson@hhs.texas.gov

VENDOR:
OFFICE DEPOT LLC
(915) 779-5544

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 #0000214702

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Mobile Folding Cart 16" x 18" x " Black
Item #987304

Schedule Total _____ \$119.97

Item Total for Line 1 _____ \$119.97

Total PO Amount \$119.97

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

Paige Wilson

01/10/2023