

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000308041</b>  |
| 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. |   |                             | <b>Date</b><br>01/25/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1 - 2/6/2023   |
|  |   |                             | <b>Page</b><br>1  |
|  |   |                             | <b>Ship To:</b><br>6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |

**Vendor:** 1364230110 8  
CDW GOVERNMENT INC  
230 N MILWAUKEE AVE  
USA  
VERNON HILLS IL 60061-4304  
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:** Anderson, Vickie L 512/406-2426

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

FY23 Funding

IT/D

NIGP: 207/72

Requisition: 0000208249

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

Include P.O. Number on packing Slips, Cartons, Packages, Bundles, ETC.

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

DELIVERY: 3-7 Days After Receipt of PO

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

AGENCY CONTACT:  
Name: Sonia Hille  
email: sonia.hille@dshs.texas.gov  
Phone: 512-231-5630

HHSC BUYER CONTACT:  
Vickie Anderson, CTCD  
(512) 406-2426  
vickie.anderson@hhs.texas.gov

VENDOR CONTACT:  
VENDOR CONTACT: Peter McGee  
VENDOR CONTACT TEL: 877-708-8009

Quote #: NFR638

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

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| 1-1      | Zebra ix Series YMCKO - 1 - YMCKO - print ribbon (color) - Mfg# 800033-848, CDW# 2467494 | 207-72     | 12.00    | EA  | 81.27000 | \$975.24     | 02/08/2023 |

**Schedule Total**                     \$975.24

**Item Total for Line 1**                     \$975.24

**Total PO Amount** \$975.24

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.

|  |                   |
|--|-------------------|
| <b>Authorized By</b><br><br><i>Vickie Anderson, CTCD</i> | <b>02/06/2023</b> |
|--|-------------------|