

# Health and Human Services Commission

## 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-3-0000308056</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>01/12/23  |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>5950 - El Paso:6700 Delta Dr<br>HEALTH & HUMAN SERVICES COMMISSION<br>6700 Delta Dr<br>6700 Delta Dr<br>El Paso TX 79905<br>United States |
|  |   |                             | <b>Page</b><br>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:** Mcmurtray,Nicole

| 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 and Allowed

DELIVERY: 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 Name: Cynthia Gomez  
Lead Contact Email: cynthia.gomez@hhs.texas.gov  
Lead Contact Phone: 915-782-6574

Contract Manager Name: ESTELA DORADO  
Contract Manager Email: estela.dorado@hhs.texas.gov  
Contract Manager Phone: 915-782-6440

Purchaser Information  
Name: Nikki McMurtray  
Email: N kki.McMurtray@hhs.texas.gov  
Phone: 512-776-6190

VENDOR:  
ODP BUSINESS SOLUTIONS LLC  
VID: 1862161688  
Email: StateofTexas@officedepot.com  
Contact: Lisa Patton  
713.878.2158

Omnia and Office Depot Contract Number R190303

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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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|  |   |                             | <b>Page</b><br>2   |

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

**Purchaser:** Mcmurtray,Nicole

| Line-Sch                     | Inventory Item ID - Line Description                             | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date   |
|------------------------------|--|------------|----------|-----|----------|--------------|------------|
| Requisition 213479           |  |            |          |     |          |              |            |
| 1-1                          | Pocket size memo books. Pack of 3.<br>Item #531886               | 785-76     | 10.00    | PKG | 12.09000 | \$120.90     | 01/17/2023 |
| <b>Schedule Total</b>        |  |            |          |     |          | \$120.90     |            |
| <b>Item Total for Line 1</b> |  |            |          |     |          | \$120.90     |            |
| 2-1                          | 2 pocket folders with prongs red pack of<br>25<br>Item#: 6842278 | 615-45     | 4.00     | PKG | 10.63000 | \$42.52      | 01/17/2023 |
| <b>Schedule Total</b>        |  |            |          |     |          | \$42.52      |            |
| <b>Item Total for Line 2</b> |  |            |          |     |          | \$42.52      |            |
| <b>Total PO Amount</b>       |  |            |          |     |          | \$163.42     |            |

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.

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**Authorized By**

*Mikki Montgomery, CEO, CCM*

**01/12/2023**