Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		111.07	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX	(-3-0000308347
specifications, terms	rmal bid, Invitation for Offer, or is, and conditions set forth in the action in the a	dvertisement and vendor's	Date 01/17/23	Revision 1 - 1/20/2023	Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Austin TX 78756 United States	
Vendor: 16	50830075 9		Rill To:	Invoice-DSHS Fiscal Claims	

MORNING STAR INDUSTRIES

PO BOX 1266

JENSEN BEACH FL 349581266

United States

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

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

512/406-2424 Purchaser: Alexander, Leslie L

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

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000215154

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY Contact:

Michele Torres / 512-695-9575

EMAIL: Michele.Torres@dshs.texas.gov

HHSC terms and conditions attached.

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION:

Contractor: Morning Star Industries, Inc. Contact Name: Haley Wisdom Email: Haley@morningstarusa.com

Phone: (800) 440-6050

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1	Wipes, Disinfectant, Emb Scent, White, 6/Ct	345-94	4.00	CTN	\$53.38	\$213.52	01/27/2023
					Schedule Total	\$213.52	

Item Total for Line 1	\$213.52

Total PO Amount

Department of State Health Services

Purchase Order

Ship Via

Dispatch via Print

		2201	/AY	Purchase Order	111101	X-3-0000308347
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 01/17/23	Revision 1 - 1/20/2023	Page 2		
guarantees go requirements All shipmen	responses become a part of this numbered pure oods or services delivered meet or exceed numbers. ts, shipping papers, invoices, and correspond rchase Order Number.	nbered purchase	order	Ship To:	6694 - Austin:1111 W North HEALTH & HUMAN SERV 1111 W North Loop Austin TX 78756 United States	1
Vendor:	1650830075 9 MORNING STAR INDUSTRIES PO BOX 1266 JENSEN BEACH FL 349581266 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Alexander,Leslie L PO Price Extend	512/406-2424 ded Amt

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

Lasti Hant S, CTP

01/20/2023