

Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308364
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 01/13/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston Richmond TX 77469 United States
			Page 1

Vendor: 1113136595 6
HENRY SCHEIN INC
135 DURYEA RD
MELVILLE NY 117473834
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Thompson,Casandra

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FREIGHT: F.O.B Destination Freight Prepaid and 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 when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY DELIVERY CONTACT:

Richmond SSLC
Whse Supvr Arturo Vasquez
Ph: 281-344-4461
arturo.vasquez@hhs.texas.gov

HHSC BUYER:
Casandra Thompson, CTCD
512-776-4243
Casandra.Thompson@hhs.texas.gov

VENDOR:
Henry Schein
Contact NA
Ph: 800-851-0400
Email specialmarkets@henryschein.com

FY23
OMNIA GPO and HHS Contract # HHS000840200001
OMNIA GPO and Henry Schein Contract # MMS1900159
Valid TERM: 01/01/2020 through 12/31/2023

PURCHASING METHOD: EX-0
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # MIM2308621 Line 50

1-1	652-85-00009-0 TOOTHPASTE TOTAL CLN MNT 3.3OZ HSCHN 5430223 24/CS COLG	652-85	24.00	CS	18.96000	\$455.04	01/31/2023
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Schedule Total							\$455.04
Item Total for Line 1							\$455.04
Total PO Amount							\$455.04

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

Casandra Thompson, CTCD

01/17/2023