

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308403
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 01/17/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 1903 - El Paso:401 Franklin Ave DEPARTMENT OF STATE HEALTH SERVICES 401 Franklin Ave Ste 210 El Paso TX 79901 United States

Vendor: 1270077967 6
DREAM RANCH LLC
ATTN: SHERI DEWET
11614 JIM CHRISTAL RD
KRUM TX 762497027
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: Prince,Sheana Denea 512/406-2548

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding
IT/D
Requisition: 215664

Quote #: 9522

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068.
Attached Terms and Conditions apply to this Purchase Order.

Vendor Contact:
Dream Ranch LLC dba Dream Ranch Office Supplies
Sheri De Wet
(972) 668-3190
sheri@dreamranchtx.com

Agency Contact:
Nancy Clinton
(915) 834-7675
Nancy.Clinton@dshs.texas.gov

Purchaser:
Sheana Prince, CTCD
(512) 406-2548
Sheana.Prince@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery Hours: 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed

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1-1	Moleskine PRO Notebook Hard Cover, Large (5" x 8.25") Professional Project Planning, Black, 240 Pages	785-73	1.00	EA	18.53000	\$18.53	01/31/2023
Schedule Total						\$18.53	
Item Total for Line 1						\$18.53	
2-1	Plugable Foldable Bluetooth Keyboard Compatible Compatible with iPad, iPhones, Android, and Windows, Full-Size Multi-Device Keyboard, Wireless and Portable with Included Stand for iPad/iPhone (11.5 inches)	204-48	1.00	EA	50.95000	\$50.95	01/31/2023
Schedule Total						\$50.95	
Item Total for Line 2						\$50.95	
Total PO Amount						\$69.48	

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

Sheana Prince, CTCD

01/17/2023