## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Te	9	Ship Via		LILIOTY A AAAAA	00054
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-00003	08654
If advertised	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision	Page
specification	specifications, terms, and conditions set forth in the advertisement and vendor's				1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERV 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	VICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

**Purchaser:** 

UOM

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

**Inventory Item ID - Line Description** 

DELIVERY: 14 days After Receipt of PO

AGENCY DELIVERY CONTACT: Rebecca Waldron 512-231-5609 rebecca.waldron@dshs.texas.gov

HHSC BUYER: Daniel Maldonado 512-406-2649 Daniel.Maldonado01@hhs.texas.gov

VENDOR:

Line-Sch

**ODP Business Solutions** 

OMNIA GPO and DSHS Contract # HHS000918300001

OMNIA GPO and ODP Business Solutions Contract # R19030

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

Class/Item

Requisition # 0000216017

1-1 207-72 20.00 EA 91.71000 \$1,834.20 02/03/2023

HP 962XL/962 High-Yield Black And Cyan, Magenta, Yellow Ink Cartridges, Pack Of 4

Item #: 9684150

Schedule Total \$1,834.20 \$1,834.20 Item Total for Line 1

Maldonado, Daniel Ray

Extended Amt

**Due Date** 

PO Price

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Dunahasa Ondan	HHSTX-3-0000308654	
If advertised specification	by informal bid, Invitation for Offer, or Rens, terms, and conditions set forth in the adve	quest for Proposal; all ertisement and vendor's	Purchase Order Date 01/20/23	Revision Page	
guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed n s. nts, shipping papers, invoices, and corresp archase Order Number.	umbered purchase order	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 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: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Maldonado,Daniel Ray	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date	
			Total P	O Amount \$1,834.20	

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** 

Maldonado,

Daniel

Digitally signed by Daniel

Maldonado Date: 2023 01.31 08:31:41 -06'00'

01/31/2023