Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terr Net 30	ms Freight Terms Prepaid & Allow		Ship Via BEST WA		Burchass Order		HHSTX-3-0	000308693	
If advertised b	by informal bid, Invitation for		est for Proposal;	all	Purchase Order Date 01/20/23	Revision		Page	
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.			Ship To:	1 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave					
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						Lubbock TX 79424 United States			
Vendor: 3696696696 6 TEXAS DEPARTMENT OF CRIMINA PO BOX 4015 HUNTSVILLE TX 77342-4015 United States			L JUSTICE		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov				
Line-Sch	Inventory Item ID - Line D	escription	Class/Item	Quantity	Purchaser: UOM	Rakos,Michelle A PO Price	Antoinet 5 Extended Amt	12/406-2496 Due Date	
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P/C - Mana	and Term Contract OFF M	2							
Requisition 2 TCI Bid # 230 PO Service I This purchas whole or part purchase ord 08-31-2023 a Vendor conta VID 3696696 Texas Correc 254-883-153 tci @tdcj.texa Delivery cont Lori Dye Lori Dye Lori dye@ds 806-783-647	09-002 Dates 1-20-2023 to 08-31-2 se order is contingent upon t without penalty. HHS or th der. The agency shall be of are automatically canceled act 3696 ctional Industries 46 as.gov tact ths.texas.gov 24 invoices@dshs.texas.gov	2023 the continued ne agency doo oligated to pay	es not commit to	o ordering s	specific quantities of g	oods/services or de	ollar amounts with	h respect to this	
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Department of State Health Services

Purchase Order

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Payment Ter		Ship Via						
Net 30	Prepaid & Allow	BEST WAY	Purchase Order					
	by informal bid, Invitation for Offer, or Re		Date	Revision		Page		
	s, terms, and conditions set forth in the adve		01/20/23			2		
	esponses become a part of this numbered p		Ship To:	1899 - Lubbock:6302 Iola Ave				
	oods or services delivered meet or exceed n	umbered purchase order		HEALTH & HUM	AN SERVICES CON	MMISSION		
requirements.				6302 Iola Ave				
	s, shipping papers, invoices, and corresp chase Order Number.	ondence must be identified		Lubbock TX 79424	ļ.			
with our Pur	chase Order Number.			United States				
Vendor:	3696696696 6		Bill To:	Invoice-DSHS Fisc	val Claime			
venuor:	TEXAS DEPARTMENT OF CRIMINAL JUSTICE		DIII 10;		F STATE HEALTH	SERVICES		
	PO BOX 4015			1100 W 49th St (RI		SERVICES		
	HUNTSVILLE TX 77342-4015			PO Box 149347	/			
	United States			Austin TX 78756				
				United States				
			Fax:	512/458-7442				
			Email:	invoices@dshs.texas.gov				
			Purchaser:	Rakos, Michelle A	ntoinet 512	/406-2496		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date		
			Item Total	Item Total for Line 2 \$9.77				
			Total D	O Amount	\$29.21			
			1 otal P		\$27.21			

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 Michelle Rakos CTCD 01/20/2023