

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-3-0000308753
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 01/23/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2 - 1/26/2023
			Page 1
			Ship To: 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States

Vendor: 1363342142 8
ULINE
2200 S LAKESIDE DR
WAUKEGAN IL 600858361
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: Naiser,Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Belinda Garza
(956)364-8759
belinda.garza@dshs.texas.gov
SP/E - Spot Purchase Up to \$10,000.00
SHIPPING:
1301 S Rangerville Rd
Harlingen TX 78552
United States
AGENCY CONTACT:
Belinda Garza
(956)364-8759
belinda.garza@dshs.texas.gov
HHSC BUYER:
Tori Naiser
512-971-8263 Tori.Naiser@hhs.texas.gov
VENDOR:
Uline
1363342142
PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00
REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.
Invoice per 34 TAC §20.487, amended effective May 1, 2022
Requisition: 0000215857

1-1	#S-4126 CORRUGATED BOXES, 12X12X10	641-25	750.0000	BDL	1.24000	\$930.00	01/23/2023
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Schedule Total \$930.00

Vendor:

ULINE
(800)295-5510
www.uline.com

Item Total for Line 1 \$930.00

2-1	#S-4243 CORRUGATED BOXES,	641-25	400.0000	BDL	2.04000	\$816.00	01/23/2023
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Purchaser: Naiser,Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	24X12X12						
					Schedule Total	\$816.00	
					Item Total for Line 2	\$816.00	
3-1	Shipping	961-82	1.0000	UNT	\$262.60	\$262.60	01/26/2023
					Schedule Total	\$262.60	
					Item Total for Line 3	\$262.60	
					Total PO Amount	\$2,008.60	

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.

<p>Authorized By</p> <p style="font-size: 1.2em; font-family: cursive;"><i>Tori Naiser</i></p> <p style="text-align: right;"><u>01/30/2023</u></p>
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