### **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Ter	rms Freight Terms	Ship Via		1110=1/ 0 000000		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000308769		
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision Page		
	s, terms, and conditions set forth in the ad		01/23/23	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:	5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States		
Vendor:	3696696696 6 TEXAS DEPARTMENT OF CRIMI PO BOX 4015 HUNTSVILLE TX 77342-4015 United States	NAL JUSTICE	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		

Quantity

**Purchaser:** 

**UOM** 

Naiser, Tori

**Extended Amt** 

**Due Date** 

PO Price

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

**Inventory Item ID - Line Description** 

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Class/Item

AGENCY CONTACT:
Purchase Contact
Porscha Jones-Harris
porscha.jonesharris@dshs.texas.gov
806-477-1100
HHSC BUYER:
Tori Naiser, CTCD
Tori.Naiser@hhs.texas.gov

VENDOR:

Line-Sch

TEXAS DEPARTMENT OF CRIMINAL JUSTIC tci@tdcj.texas.gov QUOTE 1228DSHS2

PURCHASING METHOD: EX-0 Purchase made under the Authority of Texas Government Code 2155.065 for goods made by TDCJ.

**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 0000215839

1-1 425-60 1.00 EA 595.00000 \$595.00 02/06/2023

CXO EXTREME COMFORT CHAIR, MESH BACKING, ARTICULATING T-SHAPED ARMS, BLACK, 27"-29 1/2" WIDE, 27"-29 1/2" DEEP, 36 1/2-41" HIGH, SEAT HEIGHT 16"-21"; SUPPLIER PART NUMBER: 42560291009; COMMODITY CODE:

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specification	d by informal bid, Invitation for Offer, or Rons, terms, and conditions set forth in the adv	ertisement and vendor's	<b>Date</b> 01/23/23	Revision Page 2		
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Vendor:	3696696696 6 TEXAS DEPARTMENT OF CRIMIN PO BOX 4015 HUNTSVILLE TX 77342-4015 <b>United States</b>	IAL JUSTICE	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:	Naiser,Tori		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date		

425-60-29100-9

Schedule Total \$595.00

TEXAS CORRECTIONAL INDUSTRIES CUSTOMER SERVICE tci@tdcj.texas.gov P O BOX 4013, HUNTSVILLE, TEXAS 77342-4013 tci.tdcj.texas.gov Telephone: 1-936-437-6048

Fax:1-936-437-8423

CXO EXTREME COMFORT CHAIR, MESH BACKING, ARTICULATING T-SHAPED ARMS, BLACK, 27"-29 1/2" WIDE, 27"-29 1/2" DEEP, 36 1/2-41" HIGH, SEAT HEIGHT 16"-21"; SUPPLIER PART NUMBER: 42560291009; COMMODITY CODE: 425-60-29100-9

HEADREST, CXO WITH A COAT HOOK, COLOR: BLACK; SUPPLIER PART NUMBER: 42560291009A; COMMODITY

CODE: 425-60-29100-9A

SHIP TO: TEXAS DEPARMENT OF STATE HEALTH SERVICES; ATTN: KEILA JOHNSON; 3407 PONY EXPRESS WAY, AMARILLO, TEXAS 79118 TCI QUOTE # 1228DSHS2DO WHICH IS ATTACHED.

PLEASE SEE ATTACHED.

					Item Total for Line 1	\$595.00	
2-1	HEADREST, CXO WITH A COAT HOOK, COLOR: BLACK; SUPPLIER PART NUMBER: 42560291009A; COMMODITY CODE: 425-60-29100- 9A	425-60	1.00	EA	35.00000	\$35.00	02/06/2023
					Schedule Total	\$35.00	
					Item Total for Line 2	\$35.00	
					Total PO Amount	\$630.00	

# **Department of State Health Services**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	00308769
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Date</b> 01/23/23	Revision		<b>Page</b> 3	
			Ship To:	Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH 3407 Pony Express Way Amarillo TX 79118 United States		SERVICES	
Vendor:	3696696696 6 TEXAS DEPARTMENT OF CRIMIN. PO BOX 4015 HUNTSVILLE TX 77342-4015 United States	AL JUSTICE	USTICE	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov			
				Purchaser:	Naiser,Tori		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>

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

Tori Naiser 01/23/2023