Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship Via			v	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000308807	
specification	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			Revision Page		
guarantees g requirements All shipmen	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.			To: 5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States		
Vendor:	1746000537 8 TEXAS A AND M AGRILIFE EXT STE 300 400 HARVEY MITCHELL PKWY COLLEGE STATION TX 77845437 United States	S	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

Class/Item

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: 1-30 Days After Receipt of PO

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

AGENCY CONTACT: Itzel Cardenas Itzel.cardenas@dshs.texas.gov

Line-Sch

itzei.carderias@dsris.texas.gov

HHSC BUYER: Dianne Perez, CTCD 512-406-2493 Dianne.perez@hhs.texas.gov

VENDOR: Texas AM Agrilife Extension Service 979-985-5285

Agrilifebookstore@tamu.edu

QUOTE TX_A_M_Agrilife

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 215830

1-1 785-87 2.00 PCK 240.00000 \$480.00 01/30/2023

Item # JMG-014 Learn, Grow, Eat and Go! Full Curricula

Starter Package

Schedule Total \$480.00

Perez, Aurora Dianne

Extended Amt

Due Date

PO Price

Department of State Health Services

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Vendor:	1746000537 8 TEXAS A AND M AGRILIFE EXTENSION SERVICE STE 300 400 HARVEY MITCHELL PKWY S COLLEGE STATION TX 778454375 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	s.gov	
			Purchaser:	Perez,Aurora Dian		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	
			Item Total	Item Total for Line 1 \$480.00		
			Total PO Amount \$480.00			

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

Diame Fey CTCD

01/23/2023