## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print Payment Terms** Freight Terms Ship Via HHSTX-3-0000308838 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 01/24/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1899 - Lubbock:6302 Iola Ave guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 6302 Iola Ave All shipments, shipping papers, invoices, and correspondence must be identified Lubbock TX 79424 with our Purchase Order Number. United States Vendor: 12634995182 Bill To: Invoice-DSHS Fiscal Claims MONO MACHINES LLC DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) DBA SUPPLY CHIMP 228 PARK AVE S # 36842 PO Box 149347 NEW YORK NY 10003-1502 Austin TX 78756 **United States** United States 512/458-7442 Fax: invoices@dshs.texas.gov Email: Naiser, Tori **Purchaser:** UOM PO Price Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity Extended Amt **Due Date** CP/X - TXMAS Contract Note: Post Award to ESBD if over \$25,000 SHIPPING INSTRUCTIONS: Ship According to PO FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY: 3 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: Lori Dye Lori.dye@dshs.texas.gov HHSC BUYER: Tori Naiser 512-971-8263 Tori.Naiser@hhs.texas.gov Vendor: 12634995182 Contractor: Mono Machines LLC dba Supply Chimp PURCHASING METHOD: CP/X Procurement methods were evaluated, and the best value is provided using the TXMAS contract. Txmas Contract TXMAS-19-7502 Smartbuy PO: 23081417 **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: 0000216169 1-1 615-60 4.00 PKG 38.05000 \$152.20 02/06/2023 Schnieder 190001BX Pen, Xpress, Porous-Point Pens, Schneider, Item #329698, Part #190001BX, 0.8 MM, Assorted Barrels, Black Ink, Pack of 10, Commodity Code # 42550 Schedule Total \$152.20 \$152.20 Item Total for Line 1 26.82000 \$26.82 02/06/2023 2 - 1615-48 1.00 EA Saunders 22521 Document/Tablet

Holder Stand, Saunders, Item #280207, Part #22521, Commodity Code # 61548

## **Department of State Health Services**

## **Purchase Order**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	000308838
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				Ship To:			
Vendor:	or: 1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 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@dsl		
				Purchaser:	Naiser,Tori		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche	edule Total	\$26.82	
				Item Total for Line 2		\$26.82	
			Total P	PO Amount	\$179.02		

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

01/24/2023

**Dispatch via Print**