## **Health and Human Services Commission**

#### **Purchase Order**

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                  |                  |                                                                                                                                                      | D                                                                                                                                | ispatch via Print |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Payment Tern<br>Net 30                                                                                                                                                                                                                                                                                 | ns Freight Terms<br>Prepaid & Allow                                                                                               | Ship V<br>BEST V |                  | Purchase Order                                                                                                                                       | HHSTX-                                                                                                                           | -3-0000308879     |
| specifications,                                                                                                                                                                                                                                                                                        | y informal bid, Invitation for Offer, or Require<br>terms, and conditions set forth in the adverti                                | isement and ver  | Date<br>01/24/23 | Revision                                                                                                                                             | Page<br>1                                                                                                                        |                   |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |                                                                                                                                   |                  | Ship To:         | 4549 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States |                                                                                                                                  |                   |
| Vendor:                                                                                                                                                                                                                                                                                                | 1263499518 2<br>MONO MACHINES LLC<br>DBA SUPPLY CHIMP<br>228 PARK AVE S # 36842<br>NEW YORK NY 10003-1502<br><b>United States</b> |                  |                  | Bill To:                                                                                                                                             | Invoice-DSHS Accounts Payab<br>HEALTH & HUMAN SERVIC<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States |                   |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                  |                  | Fax:<br>Email:                                                                                                                                       | 210/531-7883<br>SAHAccounting@dshs.texas.gc                                                                                      | OV .              |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                  |                  | Purchaser:                                                                                                                                           | Thompson,Casandra                                                                                                                |                   |
| Line-Sch I                                                                                                                                                                                                                                                                                             | Inventory Item ID - Line Description                                                                                              | Class/Item       | Ouantity         | UOM                                                                                                                                                  | PO Price Extended                                                                                                                | Amt Due Date      |

FY23 NGIP 60,51,84

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

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

DELIVERY: 1 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

\*\*Vendors send invoices via to: SAHAccounting@dshs.texas.gov \*\* Destination SASH Warehouse: Please deliver to Bldg. 558

AGENCY CONTACT Margaret Moreno Ph: (210) 531-7718 Email: Margaret.Moreno@hhs.texas.gov

Melissa Maddox Ph: (210) 531-7357 Email: Melissa.Maddox@hhs.texas.gov

Ship to Attn: Michael Holder Ph:(210) 531-8117 Email: Michael.Holder@hhs.texas.gov BLDG: CTD Greenwood Cottage

HHSC BUYER: Casandra Thompson, CTCD Ph: 512-776-4243 Casandra.thompson@hhs.texas.gov

VENDOR: VID: 12634995182 Mono Machines LLC dba Supply Chimp Contact Name: Chris McPherson Email: helpme@supplychimp.com Phone: (800) 592-1306

PURCHASING METHOD: CP/X Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms Freight Terms** HHSTX-3-0000308879 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 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4549 - San Antonio:6711 S New Brau guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 6711 S New Braunfels All shipments, shipping papers, invoices, and correspondence must be identified Ste 100 with our Purchase Order Number. San Antonio TX 78223 United States 12634995182 Bill To: Invoice-DSHS Accounts Pavable Vendor: HEALTH & HUMAN SERVICES COMMISSION MONO MACHINES LLC DBA SUPPLY CHIMP 6711 S New Braunfels 228 PARK AVE S # 36842 Ste 100 NEW YORK NY 10003-1502 San Antonio TX 78223 United States United States Fax: 210/531-7883 Email: SAHAccounting@dshs.texas.gov Purchaser: Thompson,Casandra UOM Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity PO Price Extended Amt Due Date Txmas Contract: TXMAS-19-7502 Term: December 6, 2018, through September 27, 2023 Smartbuy PO: 23081505 **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 0000216932 615-60 1-1 1.00 EA 50.40000 \$50.40 01/25/2023 G2 Premuim Retractable Gel Ink Pen. Refillable, Black Ink, .7mm, 36/Pack \$50.40 Schedule Total G2 Premuim Retractable Gel Ink Pen, Refillable, Black Ink, .7mm, 36/Pack CC: 62080 Supplier Part Number: 128091 Item Total for Line 1 \$50.40 2-1 615-51 1.00 EA 19.51000 \$19.51 01/25/2023 Avery High-Visibility Laser Labels, Neon Green, 750-pack \$19.51 Schedule Total Avery High-Visibility Laser Labels, Neon Green, 750-pack CC:61551 SPN:13717 Item Total for Line 2 \$19.51 2.00000 3-1 1.00 EA \$2.00 01/25/2023 615-84 Abilityone 7510012073978 7510012073978 Push Ast. CC:61588 SPN:44151 Schedule Total \$2.00 Abilityone 7510012073978 7510012073978 Push Ast. CC:61588 SPN:44151 Item Total for Line 3 \$2.00 \$71.91 **Total PO Amount** 

# **Health and Human Services Commission**

### **Purchase Order**

| specifications,<br>conforming res<br>guarantees goo<br>requirements.<br>All shipments                                                                                                                                                                                                                  |                                                                                                                                   | rtisement and vendor's<br>irchase order. Contract | Purchase Orde<br>Date<br>01/24/23 | HHSTX-3-0<br>Revision                                                                                                                              | Page      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| guarantees goo<br>requirements.<br>All shipments,                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                   | )r                                |                                                                                                                                                    | 3         |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |                                                                                                                                   |                                                   | Snip 10:                          | 4549 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COMMISSI<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States |           |
| Vendor:                                                                                                                                                                                                                                                                                                | 1263499518 2<br>MONO MACHINES LLC<br>DBA SUPPLY CHIMP<br>228 PARK AVE S # 36842<br>NEW YORK NY 10003-1502<br><b>United States</b> |                                                   | Bill To:                          | Invoice-DSHS Accounts Payable<br>HEALTH & HUMAN SERVICES C<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States             | OMMISSION |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                   | Fax:<br>Email:                    | 210/531-7883<br>SAHAccounting@dshs.texas.gov                                                                                                       |           |
| Line-Sch l                                                                                                                                                                                                                                                                                             | Inventory Item ID - Line Description                                                                                              | Class/Item Ou                                     | Purchaser:                        | Thompson,Casandra<br>PO Price Extended Amt                                                                                                         | Due Date  |

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       |            |
|---------------------|------------|
| Cardon Thamps, CTCD | 01/24/2023 |

**Dispatch via Print**