Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	ms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHST	X-3-0000308938
specifications	by informal bid, Invitation for Offer, or R t, terms, and conditions set forth in the ad	vertisement and vendor's	Date 01/25/23	Revision	Page 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:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States		
Vendor:	1042896127 9 STAPLES INC DEPT 31-0000261679 PO BOX 9020 DES MOINES IA 501319020 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE: 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	

512/458-7442 invoices@dshs.texas.gov **Email:**

512/406-2424 Alexander, Leslie L **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Extended Amt Due Date Quantity

FY22 Purchase

Procurement Type: SP/E

Requisition #: 0000216122

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Itzel Cardenas / 830-758-4249 EMAIL: Itzel.Cardenas@dshs.texas.gov

HHSC terms and conditions attached.

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION:

Contractor: Staples Contract Commercial, LLC

Contact Name: Jonathan McEwen Email: Jonathan.mcewen@staples.com

Phone: (210) 253-7267

Alternate Contact Name: Customer Service Alternate Email: support_ct@staples.com Alternate Phone: (800) 574-7477

Freight Terms are FOB Destination Prepaid and Allowed/Add

oz., White, 125/Pack (TBL-12244-WH)

Terms: Net 30

1-1 640-60 1.00 PCK 26.59000 \$26.59 01/27/2023 Table Mate Plastic Standard Bowls, 12

> Schedule Total \$26.59 \$26.59 Item Total for Line 1 ___

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Payment Terms	Freight Terms	Ship Via	Donal a contra	HHSTX-3-0000	308038
Net 30 Prepaid & Allow BEST WAY 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			Purchase Order Date 01/25/23	Revision	Page 2
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Vendor: 10-	42896127 9		Bill To:	Invoice-DSHS Fiscal Claims	

STAPLES INC DEPT 31-0000261679 PO BOX 9020

DES MOINES IA 501319020

United States

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442 invoices@dshs.texas.gov **Email:**

512/406-2424 Alexander, Leslie L **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Extended Amt Due Date Quantity 2-1 485-05 1.00 BOX 27.69000 \$27.69 01/27/2023 Glad® ForceFlex Tall Kitchen Drawstring Trash Bags, 13 Gallon, Gain Original scent Schedule Total \$27.69 Item Total for Line 2 640-75 3-1 1.00 PCK 40.99000 \$40.99 01/27/2023 Sparkle Professional Series Paper Towels, 2-ply, 70 Sheets/Roll, 30 Rolls/Pack Schedule Total _ \$40.99 Item Total for Line 3 ____ 4-1 640-60 7.00 PCK 11.19000 \$78.33 01/27/2023 JAM Paper® Round Plastic Disposable Party Plates, Small, 7 Inch, Clear, 20/Pack Schedule Total \$78.33 Item Total for Line 4 640-60 4.00 PCK 8.49000 \$33.96 01/27/2023 5-1 Perk Plastic Cold Cup, 12 Oz., Clear, 50/Pack (PK56333) Schedule Total \$33.96 Item Total for Line 5 \$33.96 6-1 640-60 1.00 PCK 51.49000 \$51.49 01/27/2023 Dixie Basic Paper Plates, White, 8.8", 500/Carton (DBP09WCT) Schedule Total \$51.49 Item Total for Line 6 \$51.49

Department of State Health Services

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Payment Te		Ship V			ı	HSTX-3-00	0000000
Net 30	Prepaid & Allow	BEST		Purchase Order		1091V-3-00	
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision		Page 3	
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				Ship To:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852		
with our Pu	rchase Order Number.						
Vendor:	1042896127 9			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES		
	STAPLES INC						
	DEPT 31-0000261679				1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
	PO BOX 9020						
	DES MOINES IA 501319020						
	United States						
				Fax:	512/458-7442		
				Email:			
				Purchaser:	Alexander,Leslie	L 51	2/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

Total PO Amount \$259.05

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

Lastin Hant S, CTP

01/25/2023