Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order	ння	TX-3-0000309007	
If advertised specifications	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the advertise.	est for Proposal; all isement and vendor's	Date 01/26/23	Revision Pag		
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:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		
Vendor:	1161606915 6 WASHER SOLUTIONS INC 760 CANNING PKWY STE A VICTOR NY 145649018 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Wherry,Valerie F	940/720-8479	

PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

Quantity

UOM

PO Price

Extended Amt

Due Date

ATTN DSHS CLAIMS: Send approval requests to LabAccounting@dshs.texas.gov

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: 7-14 Days After Receipt of PO

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

Class/Item

AGENCY CONTACT: Jennifer Thompson (512)776-7572 jennifer.thompson@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO Loading Dock: L-114

Building: Laboratory L-301

Line-Sch

HHSC BUYER: Valerie Wherry, CTCD (940)720-8479

valerie.wherry@hhs.texas.gov

VENDOR: Christina Fields (800)262-1731 christina.fields@washersolutions.com

QUOTE: #EST 61943 WorkOrder #61152-2

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

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				Fax: Email:		512/458-7442 invoices@dshs.texas.gov			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Pur UOM	chaser:	Wherry, Valerie F	9 Extended Amt	40/720-8479 Due Date	
	n 0000217199	CMSS/Teem	Quantity	00111		1011111	Datenated Fine	Due Due	
1-1	PARTS- STERIS P093928 550 IMPACT PRINTER	206-78	1.00	EA	2	570.00000	\$2,670.00	02/13/2023	
					Sche	lule Total	\$2,670.00		
					Item Total f	or Line 1	\$2,670.00		
2-1	UPS GROUND CHARGE	962-86	1.00	LOT	Item Total f	20.00000	\$2,670.00 \$20.00	02/13/2023	
2-1	UPS GROUND CHARGE	962-86	1.00	LOT			\$20.00	02/13/2023	
2-1	UPS GROUND CHARGE	962-86	1.00	LOT	Schee	20.00000	\$20.00 \$20.00	02/13/2023	

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
Valerie Wheny, CTCD

01/26/2023