# **Health and Human Services Commission**

### **Purchase Order**

Dispatch via Print

### **TX SmartBuy PO ID**

Payment To Net 30	Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-000030919
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 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.			<b>Date</b> 01/30/23	Revision Pag
			Ship To: ed	2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States
Vendor:	1061523665 9 ALADDIN TEMP-RITE LLC PO BOX 8500-3431 PHILADELPHIA PA 191783431 <b>United States</b>		Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1901 N Highway 87 Big Spring TX 79720 United States
			Fax: Email:	432/268-7269 bshaccounting@dshs.state.tx.us
			Purchaser:	Small,Amir
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ity UOM	PO Price Extended Amt Due Date

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

DELIVERY: 3-5 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 when the Warehouse is closed.

DELIVER TO THE WAREHOUSE - INCLUDE P.O. NUMBER ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC. AGENCY DELIVERY CONTACT: Whse Supvr Anthony Salazar Ph - 432-268-7432 anthony.salazar@hhs.texas.gov

HHSC BUYER: Amir Small, Purchaser III, Ph: 512-420-2592 Email: Amir.Small@hhs.texas.gov

VENDOR: Aladdin Temp-Rite Contact: Elaine Barch Ph: 615-537-3745 Email orders@aladdin-atr.com

Premier GPO and HHSC Contract # HHS000776400001 Premier GPO and Aladdin Contract # PP-DI-1786

#### FY23

PURCHASING METHOD: EX-0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # MIM2309187 Line 3

1-1	240-66-80710-8 DISH DISP SOUP BWL 1 CAV 1M/CS ALADDIN B24	240-66	15.00	CS	55.05000	\$825.75	02/17/2023
					Schedule Total	\$825.75	

Item Total for Line 1 \$825.75

# Health and Human Services Commission

## **Purchase Order**

Payment Ter	Buy PO ID rms Freight Terms	Ship Via				atch via Print
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	,	HHSTX-3-0	000309196
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Vendor:	1061523665 9 ALADDIN TEMP-RITE LLC PO BOX 8500-3431 PHILADELPHIA PA 191783431 <b>United States</b>		Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICE 1901 N Highway 87 Big Spring TX 79720 United States		TH SERVICES
			Fax: Email:	432/268-7269 bshaccounting@	@dshs.state.tx.us	
			Purchaser:	Small,Amir		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quan	tity UOM	PO Price	Extended Am	t 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.

TV Smart Buy BO ID

Authorized By	
Amir Small, CTCD	<u>02/02/2023</u>

Dispotably via Brint