Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Dunch and Onder		HHSTX-3-0000309283
specifications, terms	Prepaid & Allow rmal bid, Invitation for Offer, or 1, and conditions set forth in the action has been proved of this number of the provider of	dvertisement and vendor's	Purchase Order Date 01/31/23	Revision	Page 1
	es become a part of this numbered services delivered meet or exceed		Ship To:	6694 - Austin:11 HEALTH & HUN 1111 W North Lo	MAN SERVICES COMMISSION
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Austin TX 78756 United States	1
** 1 150	1152002.0		Dui T	r , bana E,	101

Vendor: 1521152883 9

SAFEWARE INC PO BOX 76320

BALTIMORE MD 21275-6320

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

Email: invoices@dshs.texas.gov

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due Date

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

******PLEASE DISREGARD THE SHIPPING ADDRESS LOCATED AT THE TOP OF PURCHASE ORDER*********

ITEMS ARE TO BE SHIPPED TO:
ARLINGTON LIFE SHELTER
325 W DIVISION ST
ARLINGTON, TX 76011
817-303-9046
SJONES@ARLINGTONLIFESHELTER.ORG

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

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

QUOTE #: 1969633

AGENCY CONTACT: Alicia (Lisa) Newlin (512)776-3021 Lisa.newlin@dshs.texas.gov

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

valerie.wherry@hhs.texas.gov

VENDOR: Vicky Garcia - Customer Service (303)322-3577 vgarcia@safeware.com

OMNIA GPO and DSHS Contract # HHS000918300001

OMNIA GPO and Safeware Inc Contract # 4400008468

PURCHASING METHOD: EX/0

Purchase Order

Dispatch via Print

Payment Terr	8	Ship Via	Describer of October	ннсту_?	3-0000309283		
specifications,	Prepaid & Allow y informal bid, Invitation for Offer, or R terms, and conditions set forth in the ad-	vertisement and vendor's	Purchase Order Date 01/31/23	Revision			
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:	6694 - Austin:1111 W North Loo HEALTH & HUMAN SERVICE 1111 W North Loop Austin TX 78756 United States	ī			
Vendor:	1521152883 9 SAFEWARE INC		Bill To:	Invoice-DSHS Fiscal Claims	AI TH SERVICES		

SAFEWARE INC PO BOX 76320

BALTIMORE MD 21275-6320

United States

DEPARTMENT OF STATE HEALTH SERVICES

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

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

Purchaser: Wherry, Valerie F 940/720-8479

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

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

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 0000216738

1-1	Touch N Tuff Thin Nitrile, 9.5In PF szSM Item ANS 92-600 SM	948-34	10.00	CS	192.15000	\$1,921.50	01/31/2023
					Schedule Total	\$1,921.50	
					Item Total for Line 1	\$1,921.50	
2-1	Touch N Tuff Thin Nitrile, 9.5In PF szMD Item number 92-600 MD	948-34	15.00	CS	192.15000	\$2,882.25	01/31/2023
					Schedule Total	\$2,882.25	
					Item Total for Line 2	\$2,882.25	
3-1	Touch N Tuff Thin Nitrile, 9.5In PF szLG Item number ANS 92-600	948-34	25.00	CS	192.15000	\$4,803.75	01/31/2023
					Schedule Total	\$4,803.75	
					Item Total for Line 3	\$4,803.75	
4-1	Touch N Tuff Thin Nitrile, 9.5In PF szXL Item number ANS 92-600 XL	948-34	15.00	CS	192.15000	\$2,882.25	01/31/2023
					Schedule Total	\$2,882.25	
					Item Total for Line 4	\$2,882.25	

Purchase Order

Dispatch via Print

Payment Terms Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3	-0000309283	
specifications, to	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			Revision P		
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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES 1111 W North Loop Austin TX 78756 United States		
Vendor:	1521152883 9 SAFEWARE INC		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEA	LTH SERVICES	

PO BOX 76320

BALTIMORE MD 21275-6320

United States

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

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

Wherry, Valerie F 940/720-8479 **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Extended Amt Due Date Quantity 5-1 948-34 100.00 EA 34.99000 \$3,499.00 01/31/2023 Pine-Sol Multi-Surface Disinfectant Item number CLO 35418EA Schedule Total Item Total for Line 5 \$3,499.00 948-34 6.00 CS 172.50000 \$1,035.00 01/31/2023 6-1 LYSOL ORIGINAL SCENT, 190Z Item number REC 04650 Schedule Total \$1,035.00 Item Total for Line 6 \$1,035.00 7-1 948-34 34.00 CS 39.38000 \$1,338.92 01/31/2023 Clorox bleach Item number SFW Schedule Total \$1,338.92 Item Total for Line 7 \$1,338.92 948-34 200.00 EA 5.61000 \$1,122.00 01/31/2023 8-1 Clorox Disinfecting Wipes Item number CLO 0159EA Schedule Total \$1,122.00 Item Total for Line 8 \$1,122.00 948-34 120.00 PLE 52.49000 \$6,298.80 01/31/2023 9-1 Arm&Hammer Powder Detergent 18lbs pail Item number SFW AH-Deterent-Powder Schedule Total \$6,298.80 Item Total for Line 9 \$6,298.80

Purchase Order

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Payment Terms	Freight Terms	Ship Via		1111 0T)/ 0 000000000		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000309283		
specifications, terms	ormal bid, Invitation for Offer, or is, and conditions set forth in the a	dvertisement and vendor's	Date 01/31/23	Revision Pag		
	es become a part of this numbered services delivered meet or exceed		Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
All shipments, ship with our Purchase	oping papers, invoices, and corre Order Number.	espondence must be identified		Austin TX 78756 United States		
Vendor: 15	21152883 9		Bill To:	Invoice-DSHS Fiscal Claims		

SAFEWARE INC PO BOX 76320

BALTIMORE MD 21275-6320

United States

DEPARTMENT OF STATE HEALTH SERVICES

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

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

				Purc	haser: Wherry, Va	alerie F 9	40/720-8479
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
10-1	13Gal. White Garbage Bags,24x33, 150Bags Item number SFW WBIRNW1K150V	948-34	15.00	CS	66.25000	\$993.75	01/31/2023
					Schedule Total	\$993.75	
					Item Total for Line 10		
11-1	60 Gallon Natural Trash Bags - 200 Bags Item Number BWK 386016	948-34	48.00	CS	71.25000	\$3,420.00	01/31/2023
					Schedule Total	\$3,420.00	
					Item Total for Line 11	\$3,420.00	
12-1	Genuine Joe Multifold Paper Towels Item number SFW GEN-JOE- MULTIFOLD	948-34	18.00	CS	45.00000	\$810.00	01/31/2023
					Schedule Total	\$810.00	
					Item Total for Line 12	\$810.00	
13-1	Dial Soap - 7.5oz small w/ pump Item Number DIA 02670EA	948-34	900.00	EA	3.25000	\$2,925.00	01/31/2023
					Schedule Total	\$2,925.00	
					Item Total for Line 13	\$2,925.00	
					Total PO Amount	\$33,932.22	

Purchase Order

Dispatch via Print

Payment T Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	ŀ	HHSTX-3-00	00309283
specification	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				Revision Page (23) Fo: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
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Vendor:	dor: 1521152883 9 SAFEWARE INC PO BOX 76320 BALTIMORE MD 21275-6320 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		SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov	
				Purchaser:	Wherry,Valerie F	940	/720-8479
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	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
Valerie Wheny, CTCD

01/31/2023