Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-000030	9470		
specifications, terms	rmal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement and vendor's	Date 02/03/23	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:	5070 - Harlingen:1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States			
V 7. 1 . 100	20000000		D'II T	Innetice DOUG Assessed Develop			

1900999880 8 Vendor:

SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR

PFLUGERVILLE TX 786605117

United States

Bill To: Invoice-DSHS Accounts Payable

HEALTH & HUMAN SERVICES COMMISSION

6711 S New Braunfels

Ste 100

San Antonio TX 78223

United States

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

Purchaser: Alvarado, Veronica Class/Item **Inventory Item ID - Line Description** Quantity **UOM** PO Price **Extended Amt Due Date**

FY23 Purchase / Requisition #: 0000218320

Procurement Type: SP/E Not to Exceed \$151.98

Line-Sch

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 10 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

Email invoices to SAHAccounting@dshs.texas.gov

Quote #: Q15689

Primary Contact: Mary Castillo @ 956-364-8476 Mary.Castillo@hhs.texas.gov

Warehouse deliver to Mary Castillo Bldg. 503 Rm. 36 Ext. 8476

Veronica Alvarado @ 512-406-2505 Veronica.Alvarado@hhs.texas.gov

Vendor Information: South Central Supply Customer Service @ 512-367-0311 sales@supplytexas.com

Requirement / Limitations:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

1-1 420-25 2.00 EA 75.99000 \$151.98 02/17/2023

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specification	d by informal bid, Invitation for Offer, or Rec ns, terms, and conditions set forth in the adve	ertisement and vendor's	Date 02/03/23	Revision		Page 2
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Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States	Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States			
			Fax: Email:	210/531-7883 SAHAccountin	ng@dshs.texas.gov	
			Purchaser:	Alvarado,Ver	onica	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	y UOM	PO Price	Extended Amt	Due Date
			Sche	edule Total	\$151.98	
		Item Total	for Line 1	\$151.98		
			Total P	O Amount	\$151.98	

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.

Payment Terms

Freight Terms

Authorized By

Ourice Mule

02/03/2023