Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	STX-3-0000309500	
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			Date 02/03/23	Revision Page		
guarantees goods o requirements.	ses become a part of this numbered or services delivered meet or exceed pping papers, invoices, and corre to Order Number.	d numbered purchase order	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor: 12	270091042 0		Bill To:	Invoice-DSHS Fiscal Cla	ims	

M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943

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

FY23 Purchase

Texas Smart Buy Purchase Order #: 23085502

CP/X

TXMAS-20-61501

Term: 03/21/2022 thru 08/11/2024

No Renewal Options

Requisition #: 0000218033

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Allie Lara / 512-776-7153 Lead Email: Allie.Lara@hhs.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: VID: 12700910420 Contractor: MA Global, LLC Contact Name: Karim Mikhail

Email: Info@cartridgesupplier.Com

Phone: (760) 559-6980

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 620-80 2.00 EA 19.38000 \$38.76 02/08/2023

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		HHSTX-3-000030950	ΔΛ	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	UU9 I V-9-000030930	JU	
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			Date 02/03/23	Revision Page		
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 COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor: 12°	70091042 0		Bill To:	Invoice-DSHS Fiscal Claims		

M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943

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:

				Purch		L 5	12/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$38.76	
					Item Total for Line 1	\$38.76	
2-1	S-Gel Retractable Gel Pen, Medium 0.7 Mm, Purple Ink, Purple Barrel, Dozen	620-80	2.00	EA	19.38000	\$38.76	02/08/2023
					Schedule Total	\$38.76	
					Item Total for Line 2	\$38.76	
3-1	S-Gel Retractable Gel Pen, Extra-Fine 0.38 Mm, Black Ink, Black Barrel, Dozen	620-80	2.00	EA	18.91000	\$37.82	02/08/2023
					Schedule Total	\$37.82	
					Item Total for Line 3	\$37.82	
4-1	Inkjoy Retractable Gel Pen, Medium 0.7Mm, Assorted Ink/Barrel, 22/Set	620-80	3.00	EA	38.13000	\$114.39	02/08/2023
					Schedule Total	\$114.39	
					Item Total for Line 4	\$114.39	
5-1	S-Gel Retractable Gel Pen, Medium 0.7 Mm, Assorted Ink, Black Barrel, 8/Pack	620-80	5.00	EA	13.62000	\$68.10	02/08/2023
					Schedule Total	\$68.10	
					Item Total for Line 5	\$68.10	
					Tracel DO Assessment	\$207.92	
					Total PO Amount	\$297.83	

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Payment Te	9	Ship Via		L	HSTX-3-0000309500	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order			
specification	by informal bid, Invitation for Offer, or R is, terms, and conditions set forth in the ad-	vertisement and vendor's	Date 02/03/23	Revision	Page 3	
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.			Snip 10:	o: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMIS 1111 W North Loop Austin TX 78756 United States		
Vendor:	M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943 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		
			Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov	
			Purchaser:	Alexander,Leslie I	L 512/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	ntity 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

Lastin Stant S, CTP

02/03/2023