## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print Payment Terms** Freight Terms Ship Via HHSTX-3-0000309514 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 02/03/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6694 - Austin:1111 W North Loop guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1111 W North Loop All shipments, shipping papers, invoices, and correspondence must be identified Austin TX 78756 with our Purchase Order Number. United States Vendor: 1263718834 8 Bill To: Invoice-DSHS Fiscal Claims BULLCHASE INC DEPARTMENT OF STATE HEALTH SERVICES 201 S LAKELINE BLVD STE 503 1100 W 49th St (RBB) CEDAR PARK TX 786132741 PO Box 149347 United States Austin TX 78756 United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: 512/406-2424 Alexander, Leslie L **Purchaser:** Line-Sch **Inventory Item ID - Line Description** UOM Class/Item Quantity PO Price Extended Amt **Due Date** FY23 Purchase TX Smart Buy PO #: 23085543 TXMAS-18-51V08 Term: 07/02/2018 thru 06/30/2023 No Renewals remaining. Requisition #: 0000218046 See above for SHIP TO ADDRESS ON PO AGENCY DELIVERY CONTACT: Name: Allie Lara / 512-776-7153 Email: Allie.Lara@dshs.texas.gov HHSC terms and conditions attached. HHSC PCS CONTACT for Purchaser: Name: Leslie Alexander Phone #: 512-406-2424 Email Address: Leslie.Alexander@hhs.texas.gov VENDOR INFORMATION: Dealer VID: 12637188348 Dealer: Bullchase, Inc. Contact Name: Marianne Galea Email: info@bullchase.com Phone: (888) 558-2855 Freight Terms are FOB Destination Prepaid and Allowed/Add Terms: Net 30 53.36000 1 - 1735-60 6.00 EA \$320.16 02/09/2023 Lysol Disinfecting Wipes 80 ct Canister PK6 Schedule Total \$320.16

\$320.16

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Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 <b>United States</b>			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texas	.gov
				Purchaser:	Alexander,Leslie L	512/406-2424
Line-Sch Li	nventory Item ID - Line Description	Class/Item	Ouantity	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	
Justie Alent S, CTP	02/03/2023

Total PO Amount

**Dispatch via Print** 

\$320.16