## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000309617
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 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.			Revision Page
guarantees gorequirements All shipmen				1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States
Vendor:	1364230110 8 CDW GOVERNMENT INC 75 REMITTANCE DR DEPT 1515 CHICAGO IL 606751515 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.texas.gov
			Purchaser:	Chavez,Rafael

Quantity

FY23 Funding

Line-Sch

Requisition: 0000217318

PO Service Dates: 02/06/2023 through 08/31/2023

**Inventory Item ID - Line Description** 

Quote #: NFNF690

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

**UOM** 

PO Price

**Extended Amt** 

**Due Date** 

Purchase order issued in accordance with Texas Government Code §2157.068. Attached Terms and Conditions apply to this Purchase Order.

Invoices and Payments-contact is Penny Jones at 254-771-6739. Penny.Jones@dshs.texas.gov

Class/Item

Vendor Contact: **CDW Government** Peter McGee 877-708-8009 petmcge@cdwg.com

Agency Contact: Heather Clark 254-771-6799

Heather.Clark@dshs.texas.gov

Purchaser: Steven Chavez, CTCD, CTCM 512-712-5002 Rafael.chavez@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment T Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST V	WAY	Purchase Order	r	HHSTX-3-00	00030961
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				<b>Date</b> 02/06/23	Revision		Pag
guarantees g requirement All shipme	goods or services delivered meet or exceed no	Ship To:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States				
Vendor:	1364230110 8 CDW GOVERNMENT INC 75 REMITTANCE DR DEPT 1515 CHICAGO IL 606751515 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SER 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov	
I ino Soh	Inventory Item ID - Line Description	Class/Itam	Quantity	Purchaser:	Chavez,Rafael	Extended Amt	Duo Data
Delivery H	Inventory Item ID - Line Description  Dours: 8:00-11:30 AM and 1:00-4:30 PM N  Fantom Drives Gforce3 Pro - hard drive - 12 TB - USB 3.0 1 6505736 - Mfg.  Part#: GF3B12000UP	Class/Item Monday thru Fric 204-32	Quantity day except d	UOM	PO Price	Extended Amt rehouse is closed \$360.08	<b>Due Date</b> 02/13/2023
Delivery H	ours: 8:00-11:30 AM and 1:00-4:30 PM M  Fantom Drives Gforce3 Pro - hard drive - 12 TB - USB 3.0 1 6505736 - Mfg.	∕londay thru Frid	day except d	UOM esignated State Holid EA	PO Price days when the War	rehouse is closed \$360.08	
Line-Sch Delivery He	ours: 8:00-11:30 AM and 1:00-4:30 PM M  Fantom Drives Gforce3 Pro - hard drive - 12 TB - USB 3.0 1 6505736 - Mfg.	∕londay thru Frid	day except d	UOM esignated State Holid EA Sch	PO Price days when the War 360.08000	rehouse is closed \$360.08	

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	
Steven Chauez, CTCD, CTCH	02/06/2023