

Department of State Health Services

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|---|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000309777 |
| 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. | | | Date 02/08/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States |
| | | | Page 1 |

Vendor: 1592663954 1
OFFICE DEPOT LLC
PO BOX 660113
DALLAS TX 752660113
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Mills, George M

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

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 3 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. Please call facility 24hrs before delivery.
NO DELIVERIES BETWEEN 12:00-1:00PM

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AGENCY CONTACT:
SME Agency Contact: Waldron, Rebecca
SME Agency Contact: 1 (512) 231-5609
SME Agency Email: Rebecca.Waldron@dshs.texas.gov

Contract Manager:
Contract Manager Phone:
Contract Manager Email:

AP Email:

Ship to Attn: Contact: Waldron, Rebecca
Phone: 1 (512) 231-5609
Email: Rebecca.Waldron@dshs.texas.gov

Building and Room number
Warehouse Bldg.
HEALTH HUMAN SERVICES COMMISSION
1111 W North Loop
Austin TX 78756
United States

Warehouse deliver to Delivery Contact:

HHSC BUYER:
George Mills CTCD
512-406-2651
george.mills@hhs.texas.gov

VENDOR:
VENDOR: OFFICE DEPOT

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Lisa Patton
Strategic Account Manager
Business Solutions Division | Office Depot, Inc.
c: 713.878.2158 | lisa.patton@officedepot.com

Email: StateofTexas@OfficeDepot.com
PURCHASING METHOD: CP/X
Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract:
Term: Start Date End Date
Smartbuy PO:

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 0000217105

Please follow the Texas Comptrollers Invoicing standards as seen below.
Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.
(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.
The invoice should include, but is not limited to including:
(1) the contractors mailing and e-mail (if applicable) address;
(2) the contractors telephone number;
(3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
(4) the state agencies name, agency number, delivery address;
(5) the state agencies purchase order number, if applicable;
(6) the contract number or other reference number, if applicable;
(7) a valid Texas identification number (TIN) issued by the Comptroller;
(8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
(9) unit numbers corresponding to the amount of the invoice;
(10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
(11) other relevant information supporting and explaining the payment requested

| | | | | | | | |
|-----|---|--------|------|----|----------|---------|------------|
| 1-1 | REGIONAL DISTILLED WATER 1 GALLON CASE OF 6BOTTLES | 390-91 | 2.00 | CS | 26.89000 | \$53.78 | 02/08/2023 |
|-----|---|--------|------|----|----------|---------|------------|

Schedule Total _____ **\$53.78**

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Item Total for Line 1 _____ \$53.78

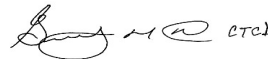
Total PO Amount \$53.78

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



02/08/2023