Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ten Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	3-0000310006
If advertised specifications	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	rertisement and vendor's	Date 02/13/23	Revision 1 - 2/15/2023	Page 1
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:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States	
Vendor:	endor: 1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 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

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

FY23 Purchase

-

Procurement Type: IT / D Requisition: 0000215690

-

Agency Contact: Name: Itzel Cardenas

Phone: NA

 ${\it Email: itzel. carden as @dshs. texas. gov}$

Purchaser Information: Name: Travis Reese Phone: (832) 212-9330

Email: travis.reese@hhs.texas.gov

Vendor: South Central Supply Vendor Contact: Customer Service Vendor Phone: (512) 367-0311 Email: sales@supplytexas.com

-

Quote#: Q16010

-

Include P.O. Number on packing Slips, Cartons, Packages,

Bundles, ETC.

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

Terms: Net 30

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

Department of State Health Services

Purchase Order

\$75.96

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SO 823 PF	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States				Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934' Austin TX 787: United States	T OF STATE HEALTH SERVICES t (RBB) 7		
				Fax: Email:	512/458-7442 invoices@dshs	.texas.gov		
				Purchaser:	Reese,Travis			
Line-Sch Inven	ntory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
	risk® Extreme@ PLUS SDXC -I Card, 64GB	204-32	4.00	EA	18.99000	\$75.96 02/13/2023		
Item# ATCI	† SDSDXW6-064G-ANCIN OR IN							
					Schedule Total	\$75.96		

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	
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- Carie Rosse, CTCD, CTCM	0.014.510.000
	<u>02/15/2023</u>
	<u>02/15/2025</u>

Item Total for Line 1

Total PO Amount