# **Department of State Health Services**

### **Purchase Order**

					Dispatch via Print	
Payment Te Net 30	erms Freight Terms FOB Dest. Prepaid & Allowed	<b>Ship Via</b> BEST WAY	Purchase Order	Purchase Order HHSTX-3-0000310028		
specification	by informal bid, Invitation for Offer, or Reque is, terms, and conditions set forth in the advertis	ement and vendor's	<b>Date</b> 02/13/23	Revision	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 10:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Manor, Darryl Dwayne	512/406-2475	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	ntity UOM	PO Price Exte	ended Amt Due Date	

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

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

DELIVERY: 10 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

SHIP ATTENTION TO AGENCY CONTACT: Kenn Purcell (512) 706-7207 Kenn.Purcell@dshs.texas.gov

HHSC BUYER: Darryl Manor, Purchaser CTCD Temp Cell: 512-853-0576 Phone: (512) 406-2475 E-Mail Address: darryl.manor@hhs.texas.gov

VENDOR: South Central Supply Hope Craft Ph: 512-367-0311 E-Mail: sales@supplytexas.com

QUOTE: # Q15990

PURCHASING METHOD: SP/E

#### **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: 0000216584

1-1

Sharpie Precision Permanent Marker Ultra Fine Marker Point - Narrow Marker Point Style - Green Alcohol Based 615-60

2.00 EA

1.83000

# **Department of State Health Services**

### **Purchase Order**

Payment Te Net 30		Freight Terms Ship Via   FOB Dest. Prepaid & Allowed BEST WAY			Purchase Order HHSTX-3-00003100		
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 02/13/23	Revision Page 2		
guarantees go requirements All shipmen	esponses become a part of this numbered pur bods or services delivered meet or exceed nu ts, shipping papers, invoices, and correspo rchase Order Number.	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States				
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 <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		
				Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov	
				Purchaser:	Manor,Darryl Dw	ayne 51	2/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Ink - 1 Each #: SAN37114						
				Sche	dule Total	\$3.66	
Marker, Green, Item # 797190. Respectfully request approval to order supplies in order to continue to support office operations. Items required for CFO Office projects, daily responsibilities							
				Item Total f	for Line 1	\$3.66	
2-1	Post-It® Notes Sign Here Printed Flags, 1" X 1-7/10", Yellow, 50 Flags Per Pad, Pack Of 2 Pads #: MMM680SH2	615-60	2.00	PAD	7.25000	\$14.50	02/24/2023
				Sche	dule Total	\$14.50	
	Sign Here Printed Flags, 1" x 1-7/10", Yello				Respectfully request	approval to order s	upplies
in order to continue to support office operations. Items required for CFO Office projects,			for Line 2	\$14.50			
				Total P	O Amount	\$18.16	

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
Dand man CTP

02/13/2023

**Dispatch via Print**