Department of State Health Services

Purchase Order

Dispatch via Print

| Payment Te | | Ship Via | | | TV 0 0000010101 | | |
|---|---|------------------------------|--------------------|---|-----------------|--|--|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHS | TX-3-0000310481 | | |
| 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 | | | 02/21/23 | | 1 | | |
| conforming responses become a part of this numbered purchase order. Contractor | | | Ship To: | 1909 - Harlingen:1301 S Rangervill | | | |
| | oods or services delivered meet or exceed | numbered purchase order | • | DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd | | | |
| requirements | | anandanas must ba identified | + | | | | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Harlingen TX 78552 | | | | |
| with our Pul | rchase Order Number. | | | United States | | | |
| Vendor: | 1263499518 2 | | Bill To: | Invoice-DSHS Fiscal Clair | ms | | |
| , 011401 | MONO MACHINES LLC | | | DEPARTMENT OF STATE HEALTH SERVICES | | | |
| | DBA SUPPLY CHIMP | | | 1100 W 49th St (RBB) | | | |
| | 228 PARK AVE S # 36842 | | | PO Box 149347 | | | |
| | NEW YORK NY 10003-1502 | | | Austin TX 78756 | | | |
| | United States | | | United States | | | |
| | | | Fax: | 512/458-7442 | | | |
| | | | Email: | invoices@dshs.texas.gov | | | |
| | | | Purchaser: | Breest.Maria Ana | | | |

Quantity

UOM

PO Price

Extended Amt

Due Date

Belinda Garza (956)364-8759 belinda.garza@dshs.texas.gov

Line-Sch

CP/X - TXMAS Contract 610-35

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

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

Inventory Item ID - Line Description

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.

Class/Item

** VENDORS SEND INVOICES VIA EMAIL TO ** Invoices@dshs.texas.gov**

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO ***

Belinda Garza (956)364-8759

belinda.garza@dshs.texas.gov

HHSC BUYER: Ana Breest, CTCD, CTCM 512-406-2679

Ana.breest@hhs.texas.gov VID: 12634995182

Contractor: Mono Machines LLC dba Supply Chimp

Contact Name: Chris McPherson Email: helpme@supplychimp.com

Phone: (800) 592-1306

Address: 1133 Broadway Ste 706 New York NY 10010

PURCHASING METHOD: CP/X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-19-7502

Term:12.6.18/9.27.23 Smartbuy PO: 23108014

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 Funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2023

Requisition: #218556

1-1 450-32 6.00 EA 13.36000 \$80.16 02/28/2023

Department of State Health Services

Purchase Order

| | | 1 0 | ircnase | Oic | iCi | | D! | 4ab ula Pa | |
|---|---|------------------------------------|----------------|----------------------------|---------------------------|---|------------------|------------------------------|--|
| Payment Te Net 30 If advertised specification | rms Freight Terms Prepaid & Allow by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve- | Ship V BEST uest for Proposa | WAY al; all | Date | chase Order e 21/23 | Revision | HHSTX-3-0 | tch via Pr 00031048 Pa | |
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| | rchase Order Number. | ondence must b | e identified | | | Harlingen TX T United States | 78552 | | |
| Vendor: | 1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States | | | Bill To: Fax: Email: | | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States 512/458-7442 invoices@dshs.texas.gov | | | |
| | | | | | | | | | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | Pur UOM | chaser: | Breest, Maria | Ana Extended Amt | Due Date | |
| ine-scii | #44967 FLASHLIGHT MAGNET, BLACK | Class/Item | Quantity | COM | | | | Due Date | |
| | ines LLC dba Supply Chimp XMAS-19-7502 | | | | | dule Total | | | |
| 2-1 | #44494 ABILITYONE HILIGHTER | 615-29 | 1.00 | SET | | 5.53000 | \$5.53 | 02/28/2023 | |
| | | | | | Sche | dule Total | \$5.53 | | |
| | | | | | Item Total f | or Line 2 | \$5.53 | | |
| 3-1 | #36753 GEL HIGHLIGHTER, ASSTD COLORS | 620-90 | 1.00 | SET | | 7.81000 | \$7.81 | 02/28/2023 | |
| | | | | | Sche | dule Total | \$7.81 | | |
| | | | | | Item Total f | for Line 3 | \$7.81 | | |
| 4-1 | #6753 ZEBRITE DOUBLE-ENDED HIGHLIGHTER, CHISEL-FINE POINT TIP | 620-90 | 1.00 | SET | | 5.31000 | \$5.31 | 02/28/2023 | |
| | | | | | Sche | dule Total | \$5.31 | | |
| | | | | | | or Line 4 | _ | | |
| | | | | | | | | | |
| 5-1 | #87906 PENTEL CLIC ERASER PENCIL-STYLE GRIP ERASER, ASSTD | 620-20 | 2.00 | PKG | | 14.10000 | \$28.20 | 02/28/2023 | |

Schedule Total \$28.20

Item Total for Line 5 \$28.20

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| | | | | | | Dispatch via Print | | |
|---|--|----------------|----------|----------------------|---|-----------------------|--|--|
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| | | | | Fax: Email: | 512/458-7442 invoices@dshs | .texas.gov | | |
| | | | | Purchaser: | Breest, Maria | Ana | | |
| Line-Sch I | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt Due Date | | |
| | #88719 MARS ERASER, WHITE, VINYL | 620-20 | 1.00 | BX | 35.70000 | \$35.70 02/28/2023 | | |
| | | | | Sch | edule Total | \$35.70 | | |
| | | | | Item Tota | for Line 6 | \$35.70 | | |

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 MBrust CTCD,CTGM 02/21/2023

\$162.71

Total PO Amount