

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-3-0000310498
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 02/23/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States

Vendor: 1263499518 2
MONO MACHINES LLC
DBA SUPPLY CHIMP
228 PARK AVE S # 36842
NEW YORK NY 10003-1502
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: Alexander, Leslie L 512/406-2424

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Purchase

Texas Smart Buy Purchase Order #: 23110960

CP/X
TXMAS-19-7502
Term: 12/06/2018 thru 09/27/2023
No Renewals Remaining

Requisition #: 0000218771

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:
Name: Porscha Jones-Harris / 806-477-1100
E-mail: Porscha.jonesharris@dshs.texas.gov

HHSC terms and conditions attached.

Purchaser Information:
Name: Leslie Alexander
Phone #: 512-406-2424
Email Address: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION:
Contractor: Mono Machines LLC dba Supply Chimp
Contact Name: Chris McPherson
Email: helpme@supplychimp.com
Phone: (800) 592-1306

Freight Terms are FOB Destination Prepaid and Allowed/Add
Terms: Net 30

1-1	Durable DBL536000 Display Vario Desk 10 Asst. Metal Desk System Designed For Facilities. COMMODITY CODE: 53045 Manufacturer Part #:	530-45	2.00	EA	74.21000	\$148.42	02/24/2023
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DBL536000

Schedule Total \$148.42

Item Total for Line 1 \$148.42

Total PO Amount \$148.42

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

Leslie Alexander, CTP

02/23/2023