# **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Te	rms Freight Terms	Ship Via		1110TV 0 0000040044		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000310614		
If advertised	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page		
	s, terms, and conditions set forth in the ad		02/22/23	1		
guarantees go requirements All shipmen	esponses become a part of this numbered bods or services delivered meet or exceed ts, shipping papers, invoices, and corre- rchase Order Number.	numbered purchase order	Ship To:	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States		
Vendor:	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: Email:	512/458-7442 invoices@dshs.texas.gov		

**Purchaser:** 

**UOM** 

Mills, George M

**Extended Amt** 

**Due Date** 

PO Price

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

Class/Item

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

Quantity

NO DELIVERIES BETWEEN 12:00-1:00PM.

AGENCY CONTACT:

SME Agency Contact: Ramirez, Celeste K SME Agency Contact: 1 (737) 262-6582

SME Agency Email: Celeste.Ramirez@dshs.texas.gov

Contract Manager: Contract Manager Phone: Contract Manager Email:

AP Email:

Line-Sch

Ship to Attn: Contact: Ramirez, Celeste K

Phone: 1 (737) 262-6582

Email: Celeste.Ramirez@dshs.texas.gov

Building and Room number Warehouse Bldg.

DEPARTMENT OF STATE HEALTH SERVICES

1111 W North Loop Austin TX 78756 United States

Warehouse deliver to Delivery Contact: BUILDING:

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

## **Department of State Health Services**

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Payment Ter	8	Ship Via		ппстл	K-3-0000310614	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	ппот	1-3-0000310614	
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Date</b> 02/22/23	Revision	Page 2	
			Ship To:	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States		
Vendor:	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

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

VENDOR:

VENDOR: 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: Start Date 10/20/2022 End Date 03/23/2023

Smartbuy PO: 23108326

#### 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 0000219559

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;

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- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agencys name, agency number, delivery address;
- (5) the state agencys 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.

1-1 345-64 10.00 EA 11.38000 \$113.80 02/24/2023 Abilityone Skilcraft Safety Helmet,

Schedule Total \$113.80

# **Department of State Health Services**

# **Purchase Order**

Payment Terms

Freight Terms

**Dispatch via Print** 

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Orde	er	<b>HHSTX-3-0</b> 0	000310614	
specification	by informal bid, Invitation for Offer, or Recus, terms, and conditions set forth in the adve	ertisement and vo	endor's	<b>Date</b> 02/22/23	Revision		Page 3	
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:	DEPARTMENT 1111 W North L Austin TX 78756	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756		
Vendor:	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States			Bill To:	DEPARTMENT 1100 W 49th St ( PO Box 149347	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756		
				Fax: Email:	512/458-7442 invoices@dshs.to	exas.gov		
				Purchaser:	Mills,George M			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
				Item Tot	al for Line 1	\$113.80		
2-1	Mead Cambridge Mea06062 Notebook Wire Bnd 20# Bk	615-62	24.00	EA	6.73000	\$161.52	02/24/2023	
				Sc	hedule Total	\$161.52		
				Item Tota	al for Line 2	\$161.52		
3-1	Sharpie 33002 Super Permanent Markers, Fine Point, Red, Dozen	785-30	4.00	DOZ	15.13000	\$60.52	02/24/2023	
				Sc	hedule Total	\$60.52		
				Item Tota	al for Line 3	\$60.52		
				Total	PO Amount	\$335.84		

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

But ME CTCA

02/23/2023