

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepd Allw	Ship Via BEST WAY	Purchase Order HHSTX-3-0000310789
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 02/24/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 2/27/2023
			Page 1
			Ship To: 5070 - Harlingen: 1401 S Rangerville General Administration DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1453328644 0
AMAZON CAPITAL SERVICES INC
PO BOX 35184
SEATTLE WA 981245185
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000218738

INVOICING See Header Comments

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Adriana Gudino / 956-364-8724 BLDG 504

Email: Adriana.Gudino@hhs.texas.gov

Deliver to: Joel Juarez/ 956-364-8474 - Building 508

HHSC terms and conditions attached.

Purchaser Information:

Name: Leslie Alexander

Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

Vendor Information:

Vendor Name: Amazon Capital Services Inc.

Vendor Contact: Customer Service

Vendor Contact Email: ON-Line

Freight terms are FOB Destination Prepaid and Allowed

Terms: Net 30

1-1	Felt Furniture Pads X-PROTECTOR	450-36	3.00	EA	11.91000	\$35.73	03/03/2023
-----	---------------------------------	--------	------	----	----------	---------	------------

Schedule Total \$35.73

FY23 DN9 DA720 FURNITRE GLIDER F2400 JJ EVS
DA720 F2400 7334 EVS JJ

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepd Allw	Ship Via BEST WAY	Purchase Order HHSTX-3-0000310789
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 02/24/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 2/27/2023
			Page 2
			Ship To: 5070 - Harlingen: 1401 S Rangervill General Administration DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1453328644 0
AMAZON CAPITAL SERVICES INC
PO BOX 35184
SEATTLE WA 981245185
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@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
Cart snippet							
Item Total for Line 1						\$35.73	
2-1	Slipstick GorillaPads 4 Inch Non Slip Furniture Gripper Pads	450-36	3.00	EA	9.98000	\$29.94	03/03/2023
Schedule Total						\$29.94	
Item Total for Line 2						\$29.94	
3-1	GorillaGlides 1 Inch Chair Sliders	450-36	30.00	EA	15.98000	\$479.40	03/03/2023
Schedule Total						\$479.40	
Item Total for Line 3						\$479.40	
4-1	GorillaGlides CB503 2 Inch Furniture Sliders	450-36	40.00	EA	8.98000	\$359.20	03/03/2023
Schedule Total						\$359.20	
Item Total for Line 4						\$359.20	
Total PO Amount						\$904.27	

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.

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepd Allw	Ship Via BEST WAY	Purchase Order HHSTX-3-0000310789
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 02/24/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 2/27/2023
			Page 3
			Ship To: 5070 - Harlingen: 1401 S Rangerville General Administration DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1453328644 0
AMAZON CAPITAL SERVICES INC
PO BOX 35184
SEATTLE WA 981245185
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Unauthorized