Department of State Health Services

Purchase Order

Dispatch via Print

Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-000	0310796
specification	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			Revision	Page 1
guarantees governments All shipmen	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:	2631 - Port Lavaca:436 State Highw HEALTH & HUMAN SERVICES COMMISSION 436 State Highway 35 S Port Lavaca TX 77979 United States	
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH S 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Thompson, Casandra **Purchaser:**

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

Please send invoice approval request to sindy.jimenez@dshs.texas.gov

Please ship to: HEALTH HUMAN SERVICES COMMISSION

436 State Highway 35 S Port Lavaca, TX 77979

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

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

DELIVERY: 7-10 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

AGENCY CONTACT: Diaz, George Jonathan Ph: (210)949-2168 Alt Ph: 830-255-1566

Email:George.diaz@dshs.texas.gov

Ship to Attn: HEALTH HUMAN SERVICES COMMISSION 436 State Highway 35 S Port Lavaca, TX 77979

HHSC BUYER: Casandra Thompson, CTCD 512-776-4243 Casandra.thompson@hhs.texas.gov

VENDOR: VID: 1742339637 WRS Group LTD Vicki Fulton Ph: (254)776-6461

Email: vickifulton@wrsgroup.com

Quote: QUO11642 FY23 NIGP 495-36

PURCHASING METHOD: SP/E

Department of State Health Services

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Payment To	erms Freight Terms	Ship Via		11110TV 0 0000040700
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000310796
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.			Date 02/24/23	Revision Page 2
			Snip 10:	2631 - Port Lavaca:436 State Highw HEALTH & HUMAN SERVICES COMMISSION 436 State Highway 35 S Port Lavaca TX 77979 United States
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 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
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			Purchaser:	Thompson,Casandra
Line-Sch	Inventory Item ID - Line Description	Class/Item Quar	ntity UOM	PO Price Extended Amt Due Date

Not to Exceed \$10,000.00

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 0000219083

1-1	FY 23 Reading food labels chart	495-36	1.00	EA	33.00000	\$33.00	03/09/2023
					Schedule Total	\$33.00	
					Item Total for Line 1	\$33.00	
2-1	FY 23 Nutrition folding display board	495-36	1.00	EA	153.00000	\$153.00	03/09/2023
					Schedule Total	\$153.00	
					Item Total for Line 2	\$153.00	
3-1	FY 23 Shipping	495-36	1.00	EA	21.81000	\$21.81	03/09/2023
	0				Schedule Total	\$21.81	
					Item Total for Line 3	\$21.81	
					Total PO Amount	\$207.81	

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000310796		
specification	by informal bid, Invitation for Offer, or Ras, terms, and conditions set forth in the ad	vertisement and vendor's	Date 02/24/23	Revision Pa		
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Vendor:	Vendor: 1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States		Bill To:	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		
T: 0.1			Purchaser:	Thompson, Casandra		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant	ity UOM	PO Price Extended Amt Due Date		

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 Carner Thanger, CTCD 02/27/2023