

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-3-0000310833
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 02/27/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

Vendor: 1390987938 2
NELSON JAMESON INC
PO BOX 1147
MARSHFIELD WI 544497147
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: Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 3-7 Days After Receipt of PO

DELIVERY: Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

Please follow the Texas Comptroller's 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 contractor's mailing and e-mail (if applicable) address.
- (2) the contractor's telephone number.
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice.
- (4) the state agency's name, agency number, delivery address.
- (5) the state agency's 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.

Warehouse: Please deliver to bldg. 800

AGENCY CONTACT:

Requester Name: Celeste, Ramirez
Requester Phone Number/Area Code: (737) 262-6582
Requester E-mail Address: Celeste.Ramirez@dshs.texas.gov

Contract Manager Name:
Contract Manager Email:
Contract Manager Phone:

Ship to Attn: Celeste, Ramirez
Phone Number/Area Code: (737) 262-6582
E-mail Address: Celeste.Ramirez@dshs.texas.gov

Building and Room number

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bldg.
TEXAS DEPT OF STATE HEALTH SERVICE
WAREHOUSE FACILITY
1100 WEST 49TH STREET
AUSTIN, TX 78756
United States

Warehouse: Please deliver to bldg.

HHSC BUYER:
George Mills, CTCD, Ph 512-406-2651, Fax 512-406-2695,
email George.Mills@hhs.texas.gov

VENDOR:
Vendor Name: Nelson Jameson
Vendor Contact: Customer Service
Email: sales@nelsonjameson.com
8840 CENTERPORT BLVD
AMARILLO, TX 79108
United States

PLEASE HAVE VENDORS SEND INVOICES to

PO BILL TO INFORMATION
DSHS
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

QUOTE: 2636240

PURCHASING METHOD: SP/E
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 0000219659

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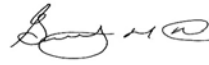
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	60ML (2 OZ) DIPPER, SS, 22 IN OAL, HOOKED HANDLE (1.50 IN OD. OPENING REQUIRED) 1.33IN I.D. 3.19IN HEIGHT OF CUP, Item ID 6363033						
Schedule Total						\$246.20	
Item Total for Line 1						\$246.20	
2-1	DIPPER HOLDER WITH TOP AND BOTTOM STOPPER AND CHAIN, 19 IN (1-7/8IN ID) Item ID: 6363035	845-35	1.00	EA	209.83000	\$209.83	02/28/2023
Schedule Total						\$209.83	
Item Total for Line 2						\$209.83	
Total PO Amount						\$456.03	

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

 CTCD

02/27/2023