Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000310837		
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			Date 02/27/23	Revision Page		
guarantees go requirements 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.			6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	Vendor: 1453328644 0 AMAZON CAPITAL SERVICES INC PO BOX 35184 SEATTLE WA 981245185 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:	Josey,Lauren		

Quantity

Class/Item

UOM

PO Price

Extended Amt

Due Date

FY23 Funding SP/E Reguisition 0000216116

Line-Sch

Amazon Order #114-0366722-2142628 Quote #: Pricing per vendor website

Inventory Item ID - Line Description

SHIP TO ATTN: ALBERT DOMINGUEZ

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068. Attached Terms and Conditions apply to this Purchase Order.

Vendor: Amazon Capital Services Vendor ID #14533286440 Contact Name: Customer Service

Phone: 888-280-4331

Email: N/A

Agency Contact: Albert Dominguez

Albert. Dominguez@dshs. texas. gov

Purchaser: Lauren Josey, CTCD Lauren.Josey@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC. Freight Terms are FOB Destination Prepaid and Allowed/Add.

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

Department of State Health Services

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				Purchaser:	Josey,Lauren		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	USB laptop chargers	206-14	1.00	PCK	8.90000	\$8.90	02/27/2023
					edule Total	\$8.90	
					Item Total for Line 1		

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 Laurn Jony, CTCD 02/27/2023

Total PO Amount