## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Te	8	Ship Via		IIIICTV (	0000040005	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHOIX-	3-0000310895	
	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	1 1	<b>Date</b> 02/27/23	Revision	<b>Page</b> 1	
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.			1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States		
Vendor:	1361150280 1 W W GRAINGER INC DEPT 829455922 PO BOX 419267		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE 1100 W 49th St (RBB) PO Box 149347	ALTH SERVICES	

KANSAS CITY MO 641416267

**Inventory Item ID - Line Description** 

**United States** 

**Fax:** 512/458-7442

PO Price

**Email:** 

Austin TX 78756

invoices@dshs.texas.gov

Extended Amt

**Due Date** 

United States

Purchaser: Alexander,Leslie L 512/406-2424

Quantity

**UOM** 

Class/Item

FY23 Purchase

Line-Sch

Procurement Type: SP/E

Requisition #: 0000218490

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact: Belinda Garza / 956-364-8759 Email: Belinda.Garza@dshs.texas.gov

HHSC terms and conditions attached

Purchaser Information: HHSC Purchasing:

Contact Name: Leslie Alexander Contact Phone: 512-406-2424

Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION Vendor Name: W W Grainger Contact: Customer Services Telephone: 800-472-4643 Email: scs.south@grainger.com

Quote #: 2053359549 / Date: 02/09/2023

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 490-74 2.00 EA 15.90000 \$31.80 03/06/2023

#6Y724 LOC-LINE HOSE KIT, 1/4IN HOLE INSIDE DIAMETER, POLYESTER, 1FT LONG, ACID RESISTANT HOSE KIT

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Payment To		Ship Via	Burnshass Onder	Н	HSTX-3-00	000310895
Net 30 Prepaid & Allow BEST WAY  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.			Purchase Order Date 02/27/23	Revision Page 2  1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States		
			Ship To:			
Vendor:	1361150280 1 W W GRAINGER INC DEPT 829455922 PO BOX 419267 KANSAS CITY MO 641416267 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:	Alexander,Leslie L	51	2/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
			Sche	Schedule Total \$31.80		
			Item Total	Item Total for Line 1 \$31.80		
			Total P	\$31.80		

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

Lastic Hand S, CTP

02/27/2023