## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX	(-3-0000311167
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.			<b>Date</b> 03/02/23	Revision	Page 1
			Ship To: 5716 - San Antonio:7430 Louis Past DEPARTMENT OF STATE HEALTH SI 7430 Louis Pasteur Dr San Antonio TX 78229 United States		
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE I 1100 W 49th St (RBB) PO Box 149347	HEALTH SERVICES

Fax: 512/458-7442 Email: invoices@dshs.texas.gov

Austin TX 78756 United States

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

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000216466

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

**United States** 

Agency Delivery Contact:

Name: Anna Munoz Rodriguez / 210-776-2854 cell Email: Anna.Munozrodriguez@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: ODP Business Solutions

Contact: Customer Service

Email: stateoftexas@officedepot.com

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 615-33 1.00 EA 28.39000 \$28.39 03/06/2023

Item #: 2799773 - Mind Reader Steel Mesh Paper Tray Desk Organizer, 4

Tiers, Black

Schedule Total	\$28.39
Item Total for Line 1	\$28.39

## **Department of State Health Services**

## **Purchase Order**

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rms Freight Terms	Ship V		Durchase Order	HHSTY-3-000	0311167
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1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 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 512/4	106-2424
	Prepaid & Allow by informal bid, Invitation for Offer, or R, terms, and conditions set forth in the adesponses become a part of this numbered ods or services delivered meet or exceed s, shipping papers, invoices, and correschase Order Number.  1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113	Prepaid & Allow BEŜT  by informal bid, Invitation for Offer, or Request for Proposa, terms, and conditions set forth in the advertisement and vesponses become a part of this numbered purchase order. Coods or services delivered meet or exceed numbered purchases, shipping papers, invoices, and correspondence must be chase Order Number.  1862161688 9  ODP BUSINESS SOLUTIONS LLC PO BOX 660113  DALLAS TX 75266-0113	Prepaid & Allow BEST WAY  by informal bid, Invitation for Offer, or Request for Proposal; all , terms, and conditions set forth in the advertisement and vendor's esponses become a part of this numbered purchase order. Contractor ods or services delivered meet or exceed numbered purchase order  s, shipping papers, invoices, and correspondence must be identified chase Order Number.  1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113	Prepaid & Allow BEST WAY  Purchase Order  by informal bid, Invitation for Offer, or Request for Proposal; all , terms, and conditions set forth in the advertisement and vendor's esponses become a part of this numbered purchase order. Contractor ods or services delivered meet or exceed numbered purchase order  s, shipping papers, invoices, and correspondence must be identified chase Order Number.  Bill To:  Bill To:  Pax: Email:	Prepaid & Allow  BEŜT WAY  Dy informal bid, Invitation for Offer, or Request for Proposal; all , terms, and conditions set forth in the advertisement and vendor's esponses become a part of this numbered purchase order. Contractor ods or services delivered meet or exceed numbered purchase order  s, shipping papers, invoices, and correspondence must be identified chase Order Number.  Bill To:  Bill To:  Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SI 7430 Louis Pasteur Dr San Antonio TX 78229 United States  Bill To:  Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States  Fax: 512/458-7442 Email:  invoices@dshs.texas.gov

Total PO Amount \$28.39

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

Lastin Hant S, CTP

03/02/2023