Department of State Health Services

Purchase Order

Dispatch via Print

D (T	F . 14 / F			2100		
Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0	000311405	
specifications	by informal bid, Invitation for Offer, or Re , terms, and conditions set forth in the adv	vertisement and vendor's	Date 03/06/23	Revision	Page 1	
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:	5719 - Uvalde:112 Joe Carper Dr DEPARTMENT OF STATE HEALTH SERVICES 112 Joe Carper Dr Uvalde TX 78801 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 HEALT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	TH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Mills,George M		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ty UOM	PO Price Extended Amt	Due Date	

TERM: September 1, 2022, through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

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

DELIVERY: # 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.

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

AGENCY CONTACT: Diaz, George Jonathon 1 (210) 949-2168 George.Diaz@dshs.texas.gov

Ship to Attn Diaz, George Jonathon Building and Room number DEPARTMENT OF STATE HEALTH SERVICES

112 Joe Carper Dr Uvalde TX 78801 United States

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

VENDOR: Supplier Name: WRS GROUP LTD Supplier Number: 1742339637 Supplier Contact: Customer Service Supplier Phone: 254/776-6461 Supplier Email: sales@wrsgroup.com

PO BOX 21207 WACO, TX 767021207 United States

Quote # QUO11680

Department of State Health Services

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Payment Ter	rms Freight Terms	Ship V	ïia			Dispa	tch via Pri
Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-3-0	00031140
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Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States		Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		OF STATE HEALT	ALTH SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov	
				Purchaser:	Mills,George M		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Acquisition and a contract of the contract of	contingent upon the continued availability 34 TAC §20.487, amended effective Ma # 0000220109 w the Texas Comptroller's Invoicing star Number on invoices, bills, receipts, bill la ve payment, a contractor must submit ar should include, but is not limited to inclu ractor's mailing and e-mail (if applicable) ractor's telephone number; e and telephone number; e agency's name, agency number, delive e agency's name, agency number, if app ract number or other reference number, exas identification number (TIN) issued otion of the goods or services, in sufficient	y 1, 2022 dards as seen ading, packing n invoice to the ding: address; signated by the ry address; bicable; if applicable; by the Comptro th detail to ider	below. slips, and ba State Agenc contractor to bller;	ck order. y receiving the goods o answer questions re	or services. garding the invoice	9;	
10) if subm	bers corresponding to the amount of the itting an invoice after receiving an assign elevant information supporting and expla	nment of a con			ctor and the TIN of	f the successor ve	ndor;
1-1	FY 23 Food test tubes	037-64	1.00	EA	107.00000	\$107.00	03/10/2023
				Sche	dule Total	\$107.00	
					for Line 1	\$107.00	

Department of State Health Services

Purchase Order

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Payment Terms Net 30	Prepaid & Allow	Ship V BEST	WAY	Purchase Orde	r	HHSTX-3-0	
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 03/06/23	Revision		Page 3
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				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov	
				Purchaser:	Mills,George N	1	
Line-Sch In	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1 FY	Y 23 Food test tubes dhipping	037-64	1.00	EA	21.76000	\$21.76	03/10/2023
				Sch	edule Total	\$21.76	
				Item Tota	for Line 2	\$21.76	
				Total]	PO Amount	\$128.76	

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	
Les Me CTCA	<u>03/07/2023</u>