Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000311459	
specification	by informal bid, Invitation for Offer, or F is, terms, and conditions set forth in the ad	lvertisement and vendor's	Date 03/07/23	Revision Page 1	
guarantees go requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s. tts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	Ship To:	1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States	
Vendor:	1383147838 6 MARKETLAB INC DEPT 2506 PO BOX 11407 BIRMINGHAM AL 352460100 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:	Wilson,Paige	

Quantity

UOM

PO Price

Extended Amt

Due Date

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

Inventory Item ID - Line Description

DELIVERY: 30 Day 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

Class/Item

AGENCY CONTACT: Belinda Garza (956)364-8759 belinda.garza@dshs.texas.gov

Line-Sch

Ship to Attn: Belinda Garza DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen, TX 78552

HHSC BUYER: Paige Wilson, CTCD Paige.wilson@hhs.texas.gov

VENDOR: Marketlab (800) 237-3604 6850 Southbelt Dr Caledonia MI 49316

Quote: QU01874077

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 #0000220218

Department of State Health Services

Purchase Order

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\$82.22 04/07/2023

\$82.22 \$82.22

\$376.22

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Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-3-0000311459
specification	by informal bid, Invitation for Offer, or Recus, terms, and conditions set forth in the adve	ertisement and ve	Date 03/07/23	Revision Page 2		
guarantees g requirement All shipmer	responses become a part of this numbered pugoods or services delivered meet or exceed not so. s. nts, shipping papers, invoices, and correspurchase Order Number.	umbered purchas	Ship To:	1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States		
Vendor:	1383147838 6 MARKETLAB INC DEPT 2506 PO BOX 11407 BIRMINGHAM AL 352460100 United States			Bill To:	Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	OF STATE HEALTH SERVICES (RBB)
				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov
				Purchaser:	Wilson,Paige	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date
1-1	INCUBATOR THERMOMETER Item #4575	490-92	3.00	EA	98.00000	\$294.00 04/07/2023
				Sche	dule Total	\$294.00
				Item Total	for Line 1	\$294.00

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.

1.00 EA

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

490-43

2-1

SHIPPING/HANDLING

Authorized By	
Paige Wilson	03/07/2023

82.22000

Schedule Total

Item Total for Line 2

Total PO Amount