Department of State Health Services

Purchase Order

Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000311516 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 03/07/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1907 - Harlingen:601 W Sesame Dr guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 601 W Sesame Dr All shipments, shipping papers, invoices, and correspondence must be identified Harlingen TX 78550 with our Purchase Order Number. United States Vendor: 19009998808 Bill To: Invoice-DSHS Fiscal Claims SOUTH CENTRAL SUPPLY LLC DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) 828 BETTERMAN DR PFLUGERVILLE TX 786605117 PO Box 149347 United States Austin TX 78756 United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: 512/406-2424 **Purchaser:** Alexander, Leslie L **Inventory Item ID - Line Description** UOM Line-Sch Class/Item Quantity PO Price Extended Amt **Due Date** FY23 Purchase Procurement Type: SP/E Requisition #: 0000221168 See above for SHIP TO ADDRESS ON PO AGENCY CONTACT: Raven Keith / 956-421-5511 Email: raven.keith@dshs.texas.gov Vendor to send invoices to this email address: Invoices@dshs.state.tx.us HHSC terms and conditions attached Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424 Email Address: Leslie.Alexander@hhs.texas.gov VENDOR INFORMATION: Contractor: South Central Supply LLC Contact Name: Customer Service Phone: 512-367-0311 Email: SALES@SUPPLYTEXAS.COM Quote #: Q16275 / Date: 02/28/2023 Freight Terms are FOB Destination Prepaid and Allowed/Add Terms: Net 30 1-1 080-45 1000.00 EA .85000 \$850.00 03/14/2023 Standard Presentation Folders with Two Pockets, Size: 9x12" (Blue and Yellow, Prints: 4/0, Coating: Gloss AQ, Stock: 12pt C2s) \$850.00 Schedule Total

Department of State Health Services

Purchase Order

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Vendor:	19009999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 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	s.gov	
				Purchaser:	Alexander,Leslie L	. 5	12/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item Total	for Line 1	\$850.00	
2-1	Shipping and Handling Charges (Standard turnaround)	962-86	1.00	EA	158.71000	\$158.71	03/14/2023
				Sch	edule Total	\$158.71	
				Item Total	for Line 2	\$158.71	
				Total P	PO Amount	\$1,008.71	

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 Justic Alut S, CTP

03/07/2023

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