Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			TV 0 0000044507
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000311527
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.			Date 03/08/23	Revision 1 - 3/8/2023	Page 1
			Ship To: 1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States		
Vandon 102	1212214 4		Dill To.	Invoice DCUC Fiscal Cla	ima

Vendor: 1931212314 4

CONTROL SOLUTIONS INC 35851 INDUSTRIAL WAY STE D SAINT HELENS OR 970516211

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: 512/458-7442

Email: invoices@dshs.texas.gov

Purchaser: Mcmurtray, Nicole

Line-Sch Inventory Item ID - Line Description Class/Item 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

DELIVERY: 7 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

AGENCY CONTACT: Daniela Sandoval 817-264-4790 daniela.sandoval@dshs.texas.gov

HHSC BUYER:

Nikki McMurtray, CTCD, CTCM Nikki.McMurtray@hhs.texas.gov 512-776-6190

VENDOR:

Control Solutions, Inc. VID: 1931212314 Phone: 503-410-5996 sales@vfcdataloggers.com

QUOTE CS15783

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 219414

1-1 220-34 1.00 EA 165.00000 \$165.00 03/14/2023

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				Ship To:	HEALTH & HI 1301 S Bowen Ste 200	Arlington TX 76013	
Vendor:	1931212314 4 CONTROL SOLUTIONS INC 35851 INDUSTRIAL WAY STE D SAINT HELENS OR 970516211 United States			Bill To:	Invoice-DSHS DEPARTMEN' 1100 W 49th St PO Box 14934' Austin TX 787' United States	T OF STATE HEALTI t (RBB) 7	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.	texas.gov	
Line-Sch	I de la Dela Dela de	CI. M.	0	Purchaser:	Mcmurtray,Nic		D. D. L.
Line-Scn	P/N TREL30-16 Low Temperature Data Logger Kit	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sc	hedule Total	\$165.00	
				Item Tota	al for Line 1	\$165.00	
2-1	Shipping	962-86	1.00	EA	17.00000	\$17.00	03/14/2023
				Sc	hedule Total	\$17.00	
				Item Tota	al for Line 2	\$17.00	

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.

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

Authorized By	
MKG YMAMWINIAY, CTCO, CTCM	03/08/2023

Total PO Amount

\$182.00