## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

	ayment Terms	Freight Terms	Ship Via		UUCTV 2 0000244E62	۱.	
If sp	ecifications, terms, ar		advertisement and vendor's	Purchase Order Date 03/08/23	HHSTX-3-0000311562  Revision Page 1		
gu red Al	arantees goods or ser quirements.	vices delivered meet or exce ng papers, invoices, and con	red purchase order. Contractor eed numbered purchase order rrespondence must be identified	Ship To:	1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St Tyler TX 75702 United States	H SERVICES	
V	ABLE PO BO TYLE	29452 4 S-LAND INC DX 7933 R TX 757117933 d 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		

Quantity

Purchaser:

**UOM** 

Wilson, Paige

Extended Amt

**Due Date** 

PO Price

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: 14 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: Angela Miller 903.533.5292 Angela.Miller@dshs.texas.gov

Ship to Attn: Angela Miller DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St Tyler, TX 75702

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

VENDOR: ABLES-LAND INC Cameron Ables (903)593-8407 cameron@ablesland.com

Quote:

Line-Sch

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 # 0000219658

# **Department of State Health Services**

## **Purchase Order**

Dispatch via Print

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-0000311562		
specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	vertisement and ve	<b>Date</b> 03/08/23	Revision Page 2  1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St Tyler TX 75702 United States				
guarantees g requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed a s. tts, shipping papers, invoices, and corres rchase Order Number.	numbered purcha	Ship To:					
Vendor: 1751329452 4 ABLES-LAND INC PO BOX 7933 TYLER TX 757117933 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			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
1-1	Address Stamp Pro Mark S40	615-60	2.00	EA	24.00000	\$48.00 03/22/2023		
				Scho	Schedule Total\$48.			
			Item Total	Item Total for Line 1 \$48.00				
		O Amount	\$48.00					

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

Paige Wilson

03/08/2023