## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			TV 0 0000044570	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HH	STX-3-0000311576	
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			<b>Date</b> 03/08/23	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.			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL)		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 149347 Austin TX 78756 United States		
	·					

12637188348 Vendor:

BULLCHASE INC

201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741

**United States** 

Invoice-DSHS Fiscal Claims Bill To:

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: Wilson, Paige

Class/Item UOM Line-Sch **Inventory Item ID - Line Description** Quantity **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 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

AGENCY CONTACT: Amy Deleon (512) 776-3735

Amy.DeLeon@dshs.texas.gov

Ship to Attn: Isaac Salazar DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin, TX 78756

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

VENDOR: Bullchase Julie Lukenbill 888-558-2855 julie@bullchase.com

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 #0000219503

# **Department of State Health Services**

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specifications	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 03/08/23	Revision Page 2
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Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 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

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	EAGLE THERMOPLASTIC BOTTLE CARRIER: LABORATORY ACID AND SOLVENT BOTTLE, 1COMPARTMENTS, RED ITEM# 8AH50	938-63	3.00	EA	96.57000	\$289.71	03/15/2023
					Schedule Total _	\$289.71	
					Item Total for Line 1	\$289.71	
					Total PO Amount	\$289.71	

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	
Paige Wilson	03/08/2023