Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			OTV 0 0000044050	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HH	STX-3-0000311659	
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			Date 03/09/23	Revision Pag		
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:	0735 - Corpus Christi:4410 Dillon HEALTH & HUMAN SERVICES COMMISSION 4410 Dillon Ln		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ste 28 Corpus Christi TX 78415 United States		5	
** * 10.	(21 (1 (00 0		D. 111 T			

Vendor: 1862161688 9

ODP BUSINESS SOLUTIONS LLC

PO BOX 660113 DALLAS TX 75266-0113

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Connell,Ron Lee

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 General Goods

Spot Purchase Open Market

SP/E

Requisition #: HHSTX-3-0000220868

Requester: Sherri Martinez Phone #: 512-663-7095

Email: Sherri.Martinez@hhs.texas.gov

SHIP TO ATTN: Samantha Delagarza, +1 (361) 878-7765, Samantha.Delagarza@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: ron.connell@hhs.texas.gov

Vendor Name: ODP Business Solutions

Contact: Customer Service Phone #: (512) 422-7329

Email: StateofTexas@OfficeDepot.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Omnia and Office Depot Contract Number # R190303 Omnia Office Depot HHS Account Number # 46319643

Simila Union Deport in 10 / 1000 and in 10 / 100 room

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1 425-80 1.00 EA 329.99000 \$329.99 03/16/2023

Purchase Order

Dispatch via Print

Payment Terms Freig	ight Terms	Ship Via		11110=1/ 0 000001	40=0	
Net 30 Prepa	oaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000031	1659	
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.			Date 03/09/23	Revision Page		
			Ship To:	0735 - Corpus Christi:4410 Dillon HEALTH & HUMAN SERVICES COMMISSION 4410 Dillon Ln Ste 28 Corpus Christi TX 78415 United States		
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Vendor: 1862161688 9

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4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Connell,Ron Lee Purchaser: Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date Line-Sch Schedule Total \$329.99 \$329.99 Item Total for Line 1 111.48000 2-1 640-50 1.00 PKG \$111.48 03/16/2023 DIXIE PAPER PLATES-500 PLATES Schedule Total \$111.48 Item Total for Line 2 \$111.48 640-60 1.00 PKG 30.90000 \$30.90 03/16/2023 3-1 PLASTIC FORKS-BOX OF 1.000 Schedule Total \$30.90 Item Total for Line 3 \$30.90 640-22 4.00 EA 10.07000 \$40.28 03/16/2023 STORAGE TOTE- 30 QT Schedule Total \$40.28 Item Total for Line 4 \$40.28 5-1 615-60 10.00 EA 1.21000 \$12.10 03/16/2023 FIBERBOARD MAGAZINE FILE Schedule Total \$12.10 Item Total for Line 5 \$12.10 615-33 4.00 EA 1.73000 \$6.92 03/16/2023 6-1 LITERATURE DOCUHOLDER Schedule Total \$6.92 Item Total for Line 6 \$6.92 6.00 EA 3.28000 \$19.68 03/16/2023 7-1 615-33 SLANTED SIGN HOLDER

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHST	X-3-0000311659	
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Vendor: 18	862161688 9		Bill To:	Invoice-HHSC Accounting		

ODP BUSINESS SOLUTIONS LLC

PO BOX 660113 DALLAS TX 75266-0113

United States

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Connell,Ron Lee Purchaser: Extended Amt Due Date Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price Schedule Total Item Total for Line 7 \$19.68 8-1 615-33 4.00 EA 6.52000 \$26.08 03/16/2023 LITERATURE DOCUHOLDER Schedule Total \$26.08 \$26.08 Item Total for Line 8 204-68 1.00 EA 24.69000 \$24.69 03/16/2023 9-1 WIRELESS MOUSE Schedule Total \$24.69 Item Total for Line 9 \$24.69 204-68 1.00 EA 8.42000 \$8.42 03/16/2023 10-1 WIRELESS MOUSE Schedule Total \$8.42 Item Total for Line 10 \$8.42 Total PO Amount \$610.54

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.

Purchase Order

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Payment Term	8	Ship Via		LUIOTV	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX	-3-0000311659
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			Ship To: 0735 - Corpus Christi:4410 Dillon HEALTH & HUMAN SERVICES CON 4410 Dillon Ln Ste 28 Corpus Christi TX 78415 United States		
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVIO 4601 W Guadalupe St Austin TX 78751 United States	CES COMMISSION

Fax:

512/424-6901 HHSC_AP@hhsc.state.tx.us Email:

Connell,Ron Lee Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date

Authorized By

Reef.

03/10/2023