

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312013
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 03/14/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISSION 3980 State School Rd PO Box 368 Denton TX 76210 United States

Vendor: 1411833619 8
PATTERSON DENTAL SUPPLY INC
12625 WETMORE RD STE 103
SAN ANTONIO TX 782473609
United States

Bill To: Invoice-DSHS Accounts Payable
DEPARTMENT OF STATE HEALTH SERVICES
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Fax: 972/551-8052
Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Maldonado, Daniel Ray

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 21 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:
Jessica Pfullmann
+1 (940) 591-3567
jessica.pfullmann@hhs.texas.gov

Ship to Attn: Jessica Pfullmann

HHSC BUYER:
Daniel Maldonado, CTCD
512-406-2649
Daniel.Maldonado01@hhs.texas.gov

VENDOR:
Patterson Dental Supply
Duffy Slade
214-616-6202
Duffy.Slade@pattersondental.com

QUOTE 40559738

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 # 0000219683

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	KAVO NOMAD PRO 2 HANDHELD X-RAY SYSTEMS PRODUCT #: 71032739						
					Schedule Total	\$8,650.00	
					Item Total for Line 1	\$8,650.00	
2-1	SHIPPING	962-86	1.00	LOT	55.00000	\$55.00	04/04/2023
					Schedule Total	\$55.00	
					Item Total for Line 2	\$55.00	
					Total PO Amount	\$8,705.00	

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

Daniel Maldonado, CTCD

03/14/2023