Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via		ш	HSTX-3-0000312138	
Net 30 If advertised b	Prepaid & Allow by informal bid, Invitation for Offer, or Ro	BEST WAY	Purchase Order Date	Revision	Page	
specifications,	, terms, and conditions set forth in the adv	vertisement and vendor's	03/15/23		1	
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.			Ship To:	5070 - Harlingen:1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States		
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR		Bill To:	Invoice-DSHS Account HEALTH & HUMAN 6711 S New Braunfels	SERVICES COMMISSION	

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

San Antonio TX 78223 United States

Ste 100

Purchaser: Maldonado, Daniel Ray

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

PFLUGERVILLE TX 786605117

United States

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: Sergio Reyes 956-364-8478

Sergio.Reyes@hhs.texas.gov

Ship to Attn: Sergio Reyes

HHSC BUYER: Daniel Maldonado, CTCD 512-406-2649

Daniel.Maldonado01@hhs.texas.gov

VENDOR:

South Central Supply sales@supplytexas.com

QUOTE # Q16283

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 # 0000221662

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

Net 30	Prepaid & Allow	BEST	WAY	Purchase Order		UU2 I Y-2-00	00312130
If advertised	by informal bid, Invitation for Offer, or Req	uest for Proposa	l; all	Date	Revision		Page
specification	ns, terms, and conditions set forth in the adve	rtisement and ve	ndor's	03/15/23			2
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				Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov	
				Purchaser:	Maldonado,Da	aniel Ray	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Item #: MC343722CR			Sche	dule Total	\$102.90	
	F3G MAIL CART F1430 130 7334 CTD						
		Item Total	for Line 1	\$102.90			
				Total Po	O Amount	\$102.90	

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 Maldonad, CTCD	03/15/2023