#### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via		11110	TV 0 0000040000
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	ннэ	TX-3-0000312200
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			<b>Date</b> 03/16/23	Revision	Page 1
guarantees goods or se requirements.	rvices delivered meet or exceed	numbered purchase order	Ship To: 2077 - Austin:909 W 45th St (DHB) HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St (DHB)		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 149347 Bldg 2 Austin TX 78751 United States		

18621616889 Vendor:

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

HHSC\_AP@hhsc.state.tx.us **Email:** 

Connell,Ron Lee Purchaser:

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

FY23 General Goods

Spot Purchase Open Market

SP/E

Requisition #: HHSTX-3-0000221317

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

Email: Sherri.Martinez@hhs.texas.gov

SHIP TO ATTN: Sherri Martinez, 512-663-7095, Sherri.Martinez@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

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.

1-1 785-47 4.00 PKG 6.19000 \$24.76 03/23/2023

### **Purchase Order**

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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  Date Revision  03/16/23  Ship To:  2077 - Austin:909 W 45th St (DHB)  HEALTH & HUMAN SERVICES COMMIT	312200	HHSTX-3-00003		Purchase Order	<b>Ship Via</b> BEST WAY	<b>Freight Terms</b> Prepaid & Allow	Payment Terms Net 30
guarantees goods or services delivered meet or exceed numbered purchase order.  Snip 10: 20// - Austin:909 W 45th St (DHB)	<b>Page</b> 2	Revision	Revision		advertisement and vendor's	, and conditions set forth in the adv	specifications, terms, a
requirements. 909 W 45th St (DHB)	ISSION	HEALTH & HUMAN SERVICES COMMISSION		Ship To:	guarantees goods or services delivered meet or exceed numbered purchase order		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  Bldg 2 Austin TX 78751 United States		PO Box 149347 Bldg 2 Austin TX 78751	PO Box 1493 Bldg 2 Austin TX 78				

**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** WHITE, PACK OF 6 Schedule Total \$24.76 Item Total for Line 1 \$24.76 2-1 204-48 1.00 PKG 63.51000 \$63.51 03/23/2023 ADESSO TRU-FORM MEDIA 1500 WIRELESS ERGONOMIC

KEYBOARD & LASER MOUSE, BLACK Schedule Total \_ \$63.51 Item Total for Line 2 3-1 204-68 2.00 EA 49.99000 \$99.98 03/23/2023 #9844133 JLAB® AUDIO GOWORK **OVER-EAR WIRELESS** HEADPHONES, BLACK Schedule Total \_\_\_\_ \$99.98 Item Total for Line 3 560-02 1.00 EA 42.99000 \$42.99 03/23/2023 4-1 MOUNT-IT MI-904 ROLLING COLLAPSIBLE UTILITY CART, 15"H X 33"W X 13"D, BLACK Schedule Total \$42.99 Item Total for Line 4 \$42.99 5-1 615-72 1.00 EA 21.59000 \$21.59 03/23/2023 CAMBRIDGE VIENNA 2023 RY WEEKLY MONTHLY PLANNER, LARGE, 8 1/2" X 11"

Schedule Total \$21.59

### **Purchase Order**

**Dispatch via Print** 

\$188.82 03/23/2023

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	K-3-0000312200
specifications, terms,	mal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement and vendor's	<b>Date</b> 03/16/23	Revision	<b>Page</b> 3
guarantees goods or s requirements. All shipments, shipp	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:	2077 - Austin:909 W 45th St HEALTH & HUMAN SERV 909 W 45th St (DHB) PO Box 149347 Bldg 2 Austin TX 78751 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 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** Item Total for Line 5 \$21.59 6-1 080-78 2.00 EA 9.38000 \$18.76 03/23/2023 SOUTHWORTH® CERTIFICATE HOLDERS, NAVY BLUE, PACK OF Schedule Total \$18.76 Item Total for Line 6 \$18.76 7-1 080-78 2.00 PKG 13.12000 \$26.24 03/23/2023 SOUTHWORTH® FOIL ENHANCED PREPRINTED CERTIFICATE REFILLS, 8 1/2" X 11", IVORY/SILVER/BLUE, PACK OF 15 Schedule Total \_\_\_\_ \$26.24 Item Total for Line 7 \$26.24

9.00 EA

080-15

207-23

CUSTOM ENGRAVED SILVER
METALLIC RECTANGLE NAME
BADGE/TAG, 1-7/8" X 3-1/4" 1 FOR
EACH VSC CUSTOMIZED WITH
LOGO AND MAGNETIC FASTENER.
Customization for engraving will be sent
to vendor with a copy of the PO.

MIND READER DUAL-MONITOR

STAND, #8749517

8-1

9-1

	Schedule Total	\$188.82	
	Item Total for Line 8	\$188.82	
1.00 EA	69.99000	\$69.99	03/23/2023

20.98000

Schedule Total	\$69.99
Item Total for Line 9	\$69.99

### **Purchase Order**

**Dispatch via Print** 

Payment T Net 30	<b>Freight Terms</b> Prepaid & Allow	Ship V BEST		Purchase Order	HHSTX-3-000031220
specification	d by informal bid, Invitation for Offer, or R ns, terms, and conditions set forth in the ad	vertisement and ve	ndor's	<b>Date</b> 03/16/23	Revision Pag
guarantees grequirement	gresponses become a part of this numbered goods or services delivered meet or exceed ts.  nts, shipping papers, invoices, and corresurchase Order Number.	numbered purchas	e order	Ship To:	2077 - Austin:909 W 45th St (DHB) HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St (DHB) PO Box 149347 Bldg 2 Austin TX 78751 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 SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us
				Purchaser:	Connell,Ron Lee
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date

				ı uı ı	chaser.	OIT LOC	
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
10-1	BLUE SKY, Life Note it, CYO Weekly/Monthly Academic Planning Calendar, 7/23-6/24, #6362526	615-15	1.00	EA	26.99000	\$26.99	03/23/2023
					Schedule Total	\$26.99	
					Item Total for Line 10	\$26.99	
					Total PO Amount	\$583.63	

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

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By	
Reef.	03/21/2023