Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000312413
If advertised specification	by informal bid, Invitation for Offer, or Fig. 1, terms, and conditions set forth in the actions.	Request for Proposal; all vertisement and vendor's	Date 03/31/23	Revision Page 1 - 3/31/2023 1
guarantees governments All shipmen	esponses become a part of this numbered bods or services delivered meet or exceed ts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	Ship To:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 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:	Mcmurtray,Nicole

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

Inventory Item ID - Line Description

DELIVERY: 14 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

Class/Item

AGENCY CONTACT: Itzel Cardenas itzel.cardenas@dshs.texas.gov (830) 758-4297

HHSC BUYER:

Line-Sch

Nikki McMurtray, CTCD, CTCM

Desk: (512) 776-6190

Nikki.McMurtray@hhs.texas.gov

VENDOR:

South Central Supply 828 Betterman Drive Pflugerville Texas 78660 VID: 1900999880800 sales@supplytexas.com (512) 367 - 0311

Quote: Q16560

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 218914

Purchase Order

		Pu	rchase	Order				
						Dispa	tch via Print	
	Prepaid & Allow BEST WAY tised by informal bid, Invitation for Offer, or Request for Proposal; all		Purchase Orde	Revision	<u> </u>			
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				03/31/23 Ship To:	5702 - Eagle Pa DEPARTMENT 1593 S Veterans	1 - 3/31/2023 2 5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852		
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To:	Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	OF STATE HEALT (RBB)	H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov		
		~ ~		Purchaser:	Mcmurtray,Nico			
Line-Sch	Inventory Item ID - Line Description Know Your Numbers Recorder Pocket Pal (English) - Personalization Available	Class/Item	Quantity	UOM Sci	PO Price	Extended Amt	Due Date	
Quote is attac	ched.			Item Tota	al for Line 1	\$27.50		
2-1	Red 2-Section Food Container With Utensils - Personalization Available	240-70	75.00	EA	3.29000	\$0.00	CANCEL	
				Scl	hedule Total	\$0.00		
				Item Tota	al for Line 2	\$0.00		
3-1	Chair Exercises For Fitness Slideguide (English) - Personalization Available	715-47	50.00	EA	\$0.81	\$40.50	04/07/2023	
				Scl	hedule Total	\$40.50		
				Item Tota	al for Line 3	\$40.50		
4-1	Eat Well, Live Well, Be Well Stretch Your Workout Resistance/Stretch Band Kit	805-62	50.00	EA	3.79000	\$0.00	CANCEL	

50.00 EA

50.00 EA

715-47

715-47

Chair Exercises For Fitness Slideguide (Spanish) - Personalization Available

5-1

6-1

Schedule Total

Item Total for Line 4

\$0.81

Schedule Total

Item Total for Line 5

\$0.55

\$0.00 \$0.00

\$40.50

\$40.50

\$40.50 04/07/2023

\$27.50 04/07/2023

Purchase Order

Dispatch via Print

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Pur	chase Order		HHSTX-3-0	00031241
If advertised	by informal bid, Invitation for Offer, or Rec	uest for Propos	al; all	Date	е	Revision		Pag
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		03/31/23 Ship To:		1 - 3/31/2023 5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States				
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill	То:	Invoice-DSHS F	OF STATE HEALT (RBB)	H SERVICES
				Fax: Email:		512/458-7442 invoices@dshs.texas.gov		
						Mcmurtray,Nic		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date
	Conozca Sus Números Registro Pocket Pal (Spanish) - Personalization Available							
					Sched	ule Total	\$27.50	
					Item Total fo	or Line 6	\$27.50	
7-1	Heart Slo-Release Stress Reliever - Personalization Available	037-52	75.00	EA		\$3.09	\$231.75	04/07/2023
					Sched	ule Total	\$231.75	
					Item Total fo	or Line 7	\$231.75	
3-1	Stress Management Pocket Pal (Spanish) - Personalization Available	715-47	50.00	EA		\$0.55	\$27.50	04/07/2023
					Sched	ule Total	\$27.50	
					Item Total fo	or Line 8	\$27.50	
9-1	Stress Management Pocket Pal (English) - Personalization Available	715-47	50.00	EA		\$0.55	\$27.50	04/07/2023
					Sched	ule Total	\$27.50	
					Item Total fo	or Line 9	\$27.50	
10-1	Adult Portion Meal Plate With Glancer (English)	037-78	50.00	EA		\$5.29	\$264.50	04/07/2023
					Sched	ule Total	\$264.50	

50.00 EA

\$5.29

\$264.50 04/07/2023

037-78

Adult Portion Meal Plate With Glancer (Spanish) - Personalization Available

11-1

Purchase Order

Dispatch via Print

Prepaid & Allow Informal bid, Invitation for Offer, or Req ms, and conditions set forth in the adven nses become a part of this numbered pu or services delivered meet or exceed nu hipping papers, invoices, and corresponse Order Number. 1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PELUGERVILLE TX 786605117 United States	rtisement and ve urchase order. Co umbered purchase	l; all ndor's ontractor e order	Purchase Order Date 03/31/23 Ship To: Bill To:	Revision 1 - 3/31/2023 5702 - Eagle Pa DEPARTMENT 1593 S Veterans Eagle Pass TX 7 United States Invoice-DSHS F	8852 Fiscal Claims	Page 4	
ms, and conditions set forth in the advenses become a part of this numbered purely or services delivered meet or exceed numbers, invoices, and corresponde Order Number. 1900999880 8 SOUTH CENTRAL SUPPLY LLC 328 BETTERMAN DR PFLUGERVILLE TX 786605117	rtisement and ve urchase order. Co umbered purchase	ndor's ontractor e order	03/31/23 Ship To:	1 - 3/31/2023 5702 - Eagle Pa DEPARTMENT 1593 S Veterans Eagle Pass TX 7 United States Invoice-DSHS F	COF STATE HEALT Blvd 18852 Fiscal Claims	4	
or services delivered meet or exceed nu hipping papers, invoices, and correspond se Order Number. 1900999880 8 SOUTH CENTRAL SUPPLY LLC 328 BETTERMAN DR PFLUGERVILLE TX 786605117	imbered purchase	e order		DEPARTMENT 1593 S Veterans Eagle Pass TX 7 United States Invoice-DSHS F	COF STATE HEALT Blvd 18852 Fiscal Claims	H SERVICES	
SOUTH CENTRAL SUPPLY LLC 328 BETTERMAN DR PFLUGERVILLE TX 786605117			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.t	exas.gov		
			Purchaser:	Mcmurtray,Nic	ole		
entory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
			Sch	edule Total	\$264.50		
			Item Total	for Line 11	\$264.50		
pping	962-86	1.0000	EA	\$102.70	\$102.70	04/07/2023	
			Sch	edule Total	\$102.70		
			Item Total	for Line 12	\$102.70		
			Total l	PO Amount	\$1,054.45		
		962-86	962-86 1.0000	Email: Purchaser: Purchaser: Output ID - Line Description Class/Item Quantity UOM Sch Item Total in the print of the	Purchaser: Mcmurtray,Nicentory Item ID - Line Description Class/Item Quantity UOM PO Price Schedule Total Item Total for Line 11 Schedule Total Schedule Total Schedule Total Schedule Total	Purchaser: Mcmurtray,Nicole Intory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Schedule Total \$264.50 Item Total for Line 11 \$264.50 Poping Schedule Total \$102.70 Item Total for Line 12 \$102.70	

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	
MKKi Inamurtay, CTCD, CTCM	03/31/2023