Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000312575	
specifications, terms	rmal bid, Invitation for Offer, or Is, and conditions set forth in the ac	lvertisement and vendor's	Date 03/21/23	Revision 1 - 3/23/2023	Page 1	
guarantees goods or requirements.	es become a part of this numbered services delivered meet or exceed	numbered purchase order	Ship To:	Ship To: 5070 - Harlingen: 1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICE 1401 S Rangerville Rd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 2668 Harlingen TX 78552 United States		
V	00000000		- D21 T	Invoice DCIIC Assounts Dev	rahla	

Vendor: 1900999880 8

SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR

PFLUGERVILLE TX 786605117

United States

Bill To: Invoice-DSHS Accounts Payable

HEALTH & HUMAN SERVICES COMMISSION

6711 S New Braunfels

Ste 100

San Antonio TX 78223

United States

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

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

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000218734

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Adriana Gudino / 956-364-8724, BLDG 504 Email: Adriana.Gudino@hhs.texas.gov

Vendor to send invoices to this email address: SAHAccounting@dshs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION:

Contractor: South Central Supply LLC Contact Name: Customer Service

Phone: 512-367-0311

Email: SALES@SUPPLYTEXAS.COM

Quote #: Q15558 / Date: 03/21/2023

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 470-60 1.00 EA 185.99000 \$185.99 03/28/2023

9817. Danmar Halo Helmet, Size Medium (9817M), Color Royal Blue

Schedule Total \$185.99

Item Total for Line 1 \$185.99

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		LUIOTY	/ O 0000040E7E
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	(-3-0000312575
specifications, terms	rmal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 03/21/23	Revision 1 - 3/23/2023	Page 2
guarantees goods or requirements.	es become a part of this numbere services delivered meet or excee	d numbered purchase order	Ship To: 5070 - Harlingen: 1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 2668 Harlingen TX 78552 United States		

Vendor: 1900999880 8

SOUTH CENTRAL SUPPLY LLC

828 BETTERMAN DR PFLUGERVILLE TX 786605117

United States

Bill To: Invoice-DSHS Accounts Payable

HEALTH & HUMAN SERVICES COMMISSION

6711 S New Braunfels

Ste 100

San Antonio TX 78223

United States

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

				Purcha	ser: Alexander,Le	eslie L 5	12/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	9829. Danmar Full Coverage Helmet, Size medium (9829M), Color Purple Custom Color, Patterns Floral Fun Pettern, Accessories Ponytail Cutout (3471)	470-60	1.00	EA	242.99000	\$242.99	03/28/2023
					Schedule Total	\$242.99	
				1	Item Total for Line 2	\$242.99	
3-1	9821. Danmar Hard Shell Helmet, Size Medium (21 1/5"- 22 1/4) (9821M) Color Casa Tan	470-60	1.00	EA	169.99000	\$169.99	03/28/2023
					Schedule Total	\$169.99	
]	Item Total for Line 3	\$169.99	
4-1	9829. Danmar Full Coverage Helmet, Size Medium (9829M), Color Hot Pink, Custom Color	470-60	1.00	EA	217.99000	\$217.99	03/28/2023
					Schedule Total	\$217.99	
				1	Item Total for Line 4	\$217.99	
					Total PO Amount	\$816.96	

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment To		Ship Via		1.11	UCTV 0 0000040575
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HI	HSTX-3-0000312575
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 03/21/23	Revision 1 - 3/23/2023	Page 3
			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 PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dsh	ns.texas.gov
			Purchaser:	Alexander,Leslie L	512/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	ty UOM	PO Price	Extended Amt Due Date

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

Lastin Hant S, CTP

03/23/2023