

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000312580</b>
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.			<b>Date</b> 03/21/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 1818 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Ste M351 Austin TX 78756 United States

**Vendor:** 1364115350 0  
SCHOOL NURSE SUPPLY INC  
1745 WALLACE AVE  
ST CHARLES IL 60174-3402  
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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Alexander, Leslie L 512/406-2424

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000220967

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact:  
Beverly Collins-Moore/ 512-776-2008  
Email: Beverly.CollinsMoore@dshs.texas.gov

Deliver To:  
Maria Campbell  
512-776-6446  
maria.campbell@dshs.texas.gov

HHSC terms and conditions attached.

Purchaser Information:  
HHSC Purchasing:  
Contact Name: Leslie Alexander  
Contact Phone: 512-406-2424  
Fax: 512-406-2695  
Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION  
VID: 13641153500  
Vendor Name: School Nurse Supply Inc  
Vendor Address: 1690 Wright Blvd.  
Vendor City Zip: Schaumburg IL 60193-4512  
Vendor Contact Phone: 800-485-2737  
Vendor Fax: 800-485-2738  
Vendor Contact Email: customerservice@schoolnursesupply.com

Freight Terms are FOB Destination Prepaid and Allowed/Add  
Terms: Net 30

# Department of State Health Services

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	10 ft: Texas Wide Spaced Sloan - CK (7 Line) Chart, Item Number: 662026	625-97	75.00	EA	23.50000	\$1,762.50	03/28/2023
<b>Schedule Total</b>						\$1,762.50	
<b>Item Total for Line 1</b>						\$1,762.50	
2-1	10 ft: Texas Approved HOTV (9 Line) Chart, Item Number: 662019	625-97	50.00	EA	23.50000	\$1,175.00	03/28/2023
<b>Schedule Total</b>						\$1,175.00	
<b>Item Total for Line 2</b>						\$1,175.00	
<b>Total PO Amount</b>						\$2,937.50	

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.

<b>Authorized By</b> 	<b>03/21/2023</b>
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