

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312592
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.			Date 03/21/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States
			Page 1

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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Wilson,Paige

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

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

AGENCY CONTACT:
Amy DeLeon
(512) 776-3735
Amy.DeLeon@dshs.texas.gov

Ship to Attn:
Nachea Qualls
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (DBGL)
PO Box 149347
Austin, TX 78756

HHSC BUYER:
Paige Wilson, CTCD
Paige.wilson@hhs.texas.gov

VENDOR:
SOUTH CENTRAL SUPPLY
512-367-0311
SALES@SUPPLYTEXAS.COM

Quote #Q15897 #Q15784

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 #0000221261

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1-1	2000M 2-STAGE BLACK REPLACEMENT KNIFE SHARPENING MODULE	175-53	6.00	EA	129.99000	\$779.94	04/04/2023
Schedule Total						\$779.94	
Item Total for Line 1						\$779.94	
2-1	2000M 2-STAGE BLACK REPLACEMENT KNIFE SHARPENING MODULE	175-53	4.00	EA	129.99000	\$519.96	04/04/2023
Schedule Total						\$519.96	
Item Total for Line 2						\$519.96	
3-1	S3611 7.5W S11 RED MEDIUM BASE BULBS	175-53	30.00	EA	1.33000	\$39.90	04/04/2023
Schedule Total						\$39.90	
Item Total for Line 3						\$39.90	
4-1	MULTISEPT24 DISINFECTING REAGENT, MULTISEPT 24/CS	175-53	1.00	CS	299.98000	\$299.98	04/04/2023
Schedule Total						\$299.98	
Item Total for Line 4						\$299.98	
5-1	OEM PART#13-4 INTERNAL SAW TOOTH WASHER, 3/8 THREAD	175-53	15.00	EA	3.25000	\$48.75	04/04/2023
Schedule Total						\$48.75	

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 5						\$48.75	
6-1	SHIPPING	962-86	1.00	EA	77.20000	\$77.20	04/04/2023
Schedule Total						\$77.20	
Item Total for Line 6						\$77.20	
Total PO Amount						\$1,765.73	

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

Paige Wilson, CTCD **03/21/2023**