

# 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-3-0000312595</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> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1208159365 4  
DIVINE IMAGING INC  
21323 PACIFIC COAST HWY STE 101  
MALIBU CA 902655202  
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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 Purchase

Texas Smart Buy Purchase Order #: 234115924

CP/X  
TXMAS Contract #: TXMAS-21-04501  
Term: 08/19/2021 thru 05/31/2025  
Renewal Options: 06/01/2025 thru 08/18/2025

Requisition #: 0000221147

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact:  
Name: Allie Lara / 512-776-7153  
Email: Allie.lara@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: 12081593654  
Contractor: Divine Imaging Inc.  
Contact Name: Kim Devane  
Email: kim@divineimaging.com  
Phone: (310) 579-4000  
Alternate Contact Name: Maddie Moorehead  
Alternate Email: maddie@divineimaging.com

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

1-1	Boltless Shelving 18x72x48in	640-43	3.00 EA	263.66000	\$790.98	03/21/2023
-----	------------------------------	--------	---------	-----------	----------	------------

# 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-3-0000312595</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> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 2

**Vendor:** 1208159365 4  
DIVINE IMAGING INC  
21323 PACIFIC COAST HWY STE 101  
MALIBU CA 902655202  
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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

**Schedule Total**                      \$790.98

**Item Total for Line 1**                      \$790.98

**Total PO Amount** \$790.98

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**



**03/24/2023**