## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

| Payment Te<br>Net 30  | rms Freight Terms Prepaid & Allow   | <b>Ship Via</b><br>BEST WAY | Purchase Order       | HHSTX-3-0000312663  |  |
|---|---|-----------------------------|----------------------|---|--|
| 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 |   |                             | <b>Date</b> 03/21/23 | Revision Page 1   |  |
| guarantees go<br>requirements<br>All shipmen  | responses become a part of this numbered<br>cods or services delivered meet or exceed<br>to the control of the control of the control<br>ts, shipping papers, invoices, and correspondence of the control of the c | numbered purchase order     | Ship To:             | 5716 - San Antonio:7430 Louis Past<br>DEPARTMENT OF STATE HEALTH SERVICES<br>7430 Louis Pasteur Dr<br>San Antonio TX 78229<br>United States |  |
| Vendor:   | 1453328644 0<br>AMAZON CAPITAL SERVICES INC<br>PO BOX 35184<br>SEATTLE WA 981245185<br>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:<br>Email:       | 512/458-7442 invoices@dshs.texas.gov  |  |
|   |   |                             | Purchaser:           | Arriaga,Samantha Danielle   |  |

Quantity

**UOM** 

PO Price

**Extended Amt** 

**Due Date** 

Class/Item

FY23 Purchase

Line-Sch

Procurement Type: IT/D Requisition: 0000218973

PO Service Dates: 03/21/2023 - 08/31/2023

**Inventory Item ID - Line Description** 

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This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068

Amazon.com order number: 111-2544748-6837029

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Agency Contact:

Name: Anna Munoz Rodriguez

Email: Anna.MunozRodriguez@dshs.texas.gov

Purchaser Information: Name: Samantha Arriaga

Email: Samantha.Arriaga@hhs.texas.gov

Vendor: Amazon Capital Services Vendor Phone: 1-888-281-3847

1-1 204-60 2.00 EA 139.93000 \$279.86 03/28/2023 FY23 AOC E1659Fwu Portable Monitor Schedule Total \$279.86 |

| Total PO Amount | \$279.86 |

## **Department of State Health Services**

## **Purchase Order**

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| Payment To<br>Net 30  | erms Freight Terms Prepaid & Allow   | Ship V<br>BEST     |                      | Purchase Order  |   | HHSTX-3-0000312663    |
|---|--|--------------------|----------------------|-----------------|---|-----------------------|
| specification   | by informal bid, Invitation for Offer, or R as, terms, and conditions set forth in the advantage of the set of | vertisement and ve | <b>Date</b> 03/21/23 | Revision Page 2 |   |                       |
| 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. |  |                    |                      | Ship To:        | 5716 - San Antonio:7430 Louis Past<br>DEPARTMENT OF STATE HEALTH SERVICES<br>7430 Louis Pasteur Dr<br>San Antonio TX 78229<br>United States |                       |
| Vendor:   | 1453328644 0<br>AMAZON CAPITAL SERVICES IN<br>PO BOX 35184<br>SEATTLE WA 981245185<br><b>United States</b>   | С                  |                      | 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:<br>Email:  | 512/458-7442<br>invoices@dshs.  | texas.gov             |
|   |  |                    |                      | Purchaser:      | Arriaga,Samar   | ntha Danielle         |
| Line-Sch  | <b>Inventory Item ID - Line Description</b>  | Class/Item         | Quantity             | 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 Samantha auringo, CTCD, CTCM

03/22/2023