Health and Human Services Commission

Purchase Order

Dispatch via Print

TX SmartBuy PO ID

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	н	HSTX-3-0000312680
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				Date 03/21/23	Revision	Page 1
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:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States		
Vendor:	1113136595 6 HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834 United States			Bill To:	Invoice - DADS HEALTH & HUMAI 4001 Highway 36 So Brenham TX 77833 United States	N SERVICES COMMISSION uth
				Fax: Email:	979/277-1865 712Accounting@hhs	.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Torres, Joseph Rya	n Extended Amt Due Date

FREIGHT: F.O.B Destination Freight Prepaid and 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 when the Warehouse is closed. Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY DELIVERY CONTACT: Austin SH Ronnie Romo 512-419-2938 Ronnie.Romo@HHS.Texas.Gov HHSC BUYER: Joseph Torres, CTCD 512-406-2413 Joseph.Torres@HHS.Texas.Gov VENDOR: Customer Service 800-851-0400 specialmarkets@henryschein.com

FY23

OMNIA GPO and HHS Contract # HHS000840200001 OMNIA GPO and Henry Schein Contract # MMS1900159 Valid 01/01/2022 through 12/31/2023 PURCHASING METHOD: EX-0 Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # MIM2312475 line(s) 46,47

1-1	652-57-00005-0 TOOTHBRUSH WAVE COMFORT 72/CS HSCHN 5438725 COLG TTL	652-57	6.00	CS	33.12000	\$198.72	04/05/2023
					Schedule Total	\$198.72	
					Item Total for Line 1	\$198.72	
2-1	652-85-00010-0 TOOTHPASTE SNSTV CMPLT PROT HSCHN 5430155 24/CS 6OZ COLG	652-85	11.00	CS	40.99000	\$450.89	04/05/2023

Health and Human Services Commission

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	esponses become a part of this numbered pu ods or services delivered meet or exceed nu			Ship To:	4551 - Austin:4301 N Lamar Blvd		
requirements.		unibered purchase ord	ler		HEALTH & HUMAN SERVICES COMMISSION		
		ondence must he ide	ntified	4301 N Lamar Blvd			
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with our 1 urchase Order Number.			United States				
Vendor:	1113136595 6			Bill To:	Invoice - DA	DS	
, chiuor ,	HENRY SCHEIN INC			2		HUMAN SERVICES CO	MMISSION
	135 DURYEA RD				4001 Highwa	ay 36 South	
	MELVILLE NY 117473834				Brenham TX		
	United States				United States	5	
				Fax: Email: Purchaser:	979/277-186 712Accounti Torres,Jose	ng@hhs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qu	uantity	UOM	PO Price	Extended Amt	Due Date
				Schee	lule Total	\$450.89	
				Item Total for Line 2\$450.89			
				Total PC) Amount	\$649.61	

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	
Jacob Tom, CTCD	<u>03/21/2023</u>