Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000312706
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 03/22/23	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: 1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States			
Vondor: 1/4	53328644 0		Bill To	Invoice-DSHS Fiscal Claims	,

Vendor: 1453328644 0

AMAZON CAPITAL SERVICES INC

PO BOX 35184

SEATTLE WA 981245185

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

Procurement Type: SP/E

Requisition #: 0000221429

INVOICING See Header Comments

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Phoebe Seale / 817-264-4532 Email: Phoebe.Seale@dshs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

Vendor Information:

Vendor Name: Amazon Capital Services Inc.

Vendor Contact: Customer Service Vendor Contact Email: ON-Line

Freight terms are FOB Destination Prepaid and Allowed

Terms: Net 30

1-1 207-37 5.00 EA 34.99000 \$174.95 03/23/2023 HumanCentric Vertical Laptop Stand for Desks (Space Gray) \$174.95

Schedule Total Item Total for Line 1 \$174.95

\$174.95 Total PO Amount

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specification	d by informal bid, Invitation for Offer, or R ns, terms, and conditions set forth in the ad-	vertisement and vendor's	Date 03/22/23	Revision Page 2	
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Vendor:	1453328644 0 AMAZON CAPITAL SERVICES IN PO BOX 35184 SEATTLE WA 981245185 United States	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: Email:	512/458-7442 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	

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

Lastin Hant S, CTP

03/22/2023