Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		-	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	H	IHSTX-3-0000312725
specifications, terms,	mal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement 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: 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States			
V 176	0100072 5		D:11 T	Invoice DCIIC Acce	uunta Darrahla

Vendor: 1760190073 5

NEWBART PRODUCTS INC 10424 ROCKLEY RD HOUSTON TX 770993524

United States

Bill To: Invoice-DSHS Accounts Payable

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

Fax: 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Reese,Travis

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Pr	rice Extended Amt Due Date
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FY23 Purchase

-

Procurement Type: IT / D Requisition: 0000219769

-

Agency Contact: Name: Priscilla Lara Phone: (915) 782-6442

Email: priscilla.lara@hhs.texas.gov

Purchaser Information: Name: Travis Reese Phone: (832) 212-9330

Email: travis.reese@hhs.texas.gov

Vendor: Newbart Products Vendor Contact: Gabby Walker Vendor Phone: (281) 561-5557 Email: gabby@newbart.com

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Quote#: 20221117-105134592

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Include P.O. Number on packing Slips, Cartons, Packages,

Bundles, ETC.

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

Terms: Net 30

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

Health and Human Services Commission

Purchase Order

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Vendor:	1760190073 5 NEWBART PRODUCTS INC 10424 ROCKLEY RD HOUSTON TX 770993524 United States		Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States
			Fax: Email:	972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov

				Purchas	ser: Reese,Travis	i	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	SWA250 Asure ID 7 digital card personalization software SKU 4500815	208-11	1.00	EA	785.50000	\$785.50	03/22/2023
	3KU 4300813			I	Schedule Total	\$785.50 \$785.50	
					Total PO Amount	\$785.50	

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	
- Varia Rosa, CTCD, CTCM	03/22/2023