

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312775
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.			Date 03/22/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

Vendor: 1270077967 6
DREAM RANCH LLC
ATTN: SHERI DEWET
11614 JIM CHRISTAL RD
KRUM TX 762497027
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: Breest, Maria Ana

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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CP/X - TXMAS Contract 615/04
 Note: Post Award to ESBD if over \$25,000
 SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.
 FREIGHT: F.O.B. Destination Freight Prepaid Allowed
 DELIVERY: X 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
 VENDORS SEND INVOICES VIA EMAIL TO: Invoices@dshs.texas.gov

AGENCY CONTACT:
 Dene Thompson
 512-776-2457
 dene.thompson@dshs.texas.gov
 FOR DSHS INTERNAL DELIVERY INFO
 Loading Dock: L-114
 Building: Laboratory L-555

Requester Name: Tim Corcoran
 Requester Phone Number/Area Code: 512 776-7581
 Requester E-mail Address: tim.corcoran@dshs.texas.gov

HHSCBUYER:
 Ana Breest, CTCD, CTCM
 512-406-2679
 Ana.breest@hhs.texas.gov

VENDOR:
 VID: 12700779676
 Contractor: Dream Ranch LLC Dba Dream Ranch Office Supplies
 Contact Name: Sheri Dewet
 Email: Sheri@dreamranchtx.com
 Phone: (940) 591-6565
 Address: 11614 Jim Christal Rd. Krum TX 76249

QUOTE#X
PURCHASING METHOD: CP/X
 Procurement methods were evaluated, and the best value is provided using the TXMAS contract.
 Txmas Contract: TXMAS-18-7505
 Term: 8.28.18/6.2.29

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Smartbuy PO: 23121767
REQUIREMENTS/LIMITATIONS:
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
Requisition: 221767
smartbuy

1-1	WHITE GLOSS THERMAL TRANSFER POLYESTER LABEL WITH A PERMANENT ACRYLIC ADHESIVE. NIGP 61504 18943 18943	615-04	6.00	EA	378.31000	\$2,269.86	03/22/2023
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Schedule Total \$2,269.86

FY23 3668 MICRO TONER LABELS

Questions? Contact: Dene Thompson, 512 776-2457 dene.thompson@dshs.texas.gov

VENDOR INFORMATION:
VID: 12700779676
Contractor: Dream Ranch LLC DbA Dream Ranch Office Supplies
Contact Name: Sheri Dewet
Email: Sheri@dreamranchtx.com
Phone: (940) 591-6565
Address: 11614 Jim Christal Rd. Krum TX 76249
HUB Eligibility: WO
HUB Gender: F

No quote was attached to the Intake Request

TXMAS-18-7505

Any State Funds

ATTN DSHS CLAIMS: Send approval requests to LabAccounting@dshs.texas.gov

CODE # 3063

PO BILL TO INFORMATION
DSHS

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ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO
Loading Dock: L-114
Building: Laboratory L-555

Requester Information:
Requester Name: Tim Corcoran
Requester Phone Number/Area Code: 512 776-7581
Requester E-mail Address: tim.corcoran@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

Item Total for Line 1 \$2,269.86

2-1	HP 85A TONER, NIGP 20372 IVRE285AJ IVRE285AJ4	203-72	4.00	EA	39.43000	\$157.72	03/22/2023
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Schedule Total \$157.72

Item Total for Line 2 \$157.72

3-1	TN850 TONER, NIGP 20372 IVRTN850 IVRTN850	203-72	2.00	EA	30.04000	\$60.08	03/22/2023
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Schedule Total \$60.08

Item Total for Line 3 \$60.08

4-1	TAPE, MASK, 2"X60YDS, NIGP61096 MMM260048A MMM260048A	610-96	10.00	EA	3.70000	\$37.00	03/22/2023
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Schedule Total \$37.00

Item Total for Line 4 \$37.00

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Total PO Amount \$2,524.66

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.

<p>Authorized By </p>	<p>03/23/2023</p>
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