

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312825
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 03/23/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	5070 - Harlingen: 1401 S Rangerville DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1453328644 0
AMAZON CAPITAL SERVICES INC
PO BOX 35184
SEATTLE WA 981245185
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Josey, Lauren

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
IT/D
Requisition 0000223704 (1 of 2)

Amazon Order #114-9668261-3030633

Quote #: Pricing per vendor website

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.

Attached Terms and Conditions apply to this Purchase Order.

Vendor: Amazon Capital Services
Vendor ID #14533286440
Contact Name: Customer Service
Phone: 888-280-4331
Email: N/A

Agency Contact:
Adriana Gudino
adriana.gudino@hhs.texas.gov

Purchaser:
Lauren Josey CTCD, CTCM
512-406-2599
Lauren.Josey@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

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Vendor: 1453328644 0
AMAZON CAPITAL SERVICES INC
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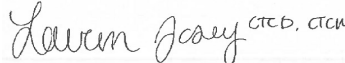
Compatible Printer Ribbon for Epson FX
890 / 890N, LQ 590, S015329 Ink
Ribbon, Black, 6 Pack

Schedule Total		\$22.99
Item Total for Line 1		\$22.99
Total PO Amount		\$22.99

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  <small>CTCB, CTCM</small>	03/23/2023
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