Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via			EV 0 0000040000
Net 30	FOB Dest. Prepaid & Allowed	BEST WAY	Purchase Order	HHSI	ΓX-3-0000312868
	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			Revision	Page 1
conforming r guarantees go requirements All shipmen	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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			3/23 To: 1199 - Edinburg:2412 E Richardson HEALTH & HUMAN SERVICES COMMISSI 2412 E Richardson St Edinburg TX 78539 United States	
Vendor:	Vendor: 1208159365 4 DIVINE IMAGING INC 21323 PACIFIC COAST HWY STE 101 MALIBU CA 902655202 United States		Bill To:	Invoice-HHSC-Adult Prote HEALTH & HUMAN SER 2520 S Veterans Blvd PO Box 960 Edinburg TX 78539 United States	
			Fax: Email:	956/316-8355 reg11purchases@hhsc.state	e.tx.us

Quantity

Purchaser:

UOM

AGENCY CONTACT: Name: Arlena Salazar Phone: 956/614-7111

Email: arlena.salazar@hhs.texas.gov

Inventory Item ID - Line Description

PURCHASER:

Line-Sch

Name Patricia Fletcher Phone:512/406-2538

Email:patricia.fletcher@hhs.texas.gov

VENDOR: Divine Imaging Name: Kim Devane Phone: 310/579-4000

Email: kim@divineimaging.com

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TxMAS-21-04501 Term: 8/19/2021 - 5/31/2025 1 renewal

Smartbuy PO: 23121931

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Class/Item

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight prepaid Allowed. Delivery hours are from 8-11:30am and 1-4:30pm M-F Except State Holidays

Invoice per 34 TAC §20.487, amended effective May 1, 2022

1-1 850-92 200.00 CTN 28.46000 \$5,692.00 03/30/2023

Towels, Paper, Multifold, Natural 9 1/8" x 9 1/2", 250 Count, 4000 per case, Supplier Part #CSDH175-T1

Schedule Total	\$5,692.00
Item Total for Line 1	\$5,692.00

Fletcher, Patricia Rose

Extended Amt

Due Date

PO Price

Total PO Amount \$5,692.00

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Vendor: 1208159365 4 DIVINE IMAGING INC 21323 PACIFIC COAST HWY STE 101 MALIBU CA 902655202 United States			Bill To:	Bill To: Invoice-HHSC-Adult Protective HEALTH & HUMAN SERVICES COMMISSION 2520 S Veterans Blvd PO Box 960 Edinburg TX 78539 United States	
			Fax: Email:	956/316-8355 reg11purchases@hhsc.state.tx.us	
			Purchaser:	Fletcher,Patricia Rose	

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.

Quantity

UOM

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.

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By
Papian Floteles, CTCD, CTCM

PO Price

03/23/2023

Extended Amt

Due Date