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-3-0000312904	
specifications, terms	rmal bid, Invitation for Offer, or I	lvertisement and vendor's	Date 03/23/23	Revision Page		
guarantees goods or requirements.	es become a part of this numbered services delivered meet or exceed ping papers, invoices, and corre Order Number.	numbered purchase order	Ship To:	1818 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Ste M351 Austin TX 78756 United States		

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: Alvarado, Veronica

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date
--

FY23 Purchase / Requisition #:0000221014

Procurement Type: SP/E Not to Exceed \$579.80

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: Order# 112-0010355-9405054, Monday, Mar. 27

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Pricing based on shopping cart

Agency Contact: Beverly Collins-Moore @ 512-776-2008

Beverly Collins-Moore @ 512-776-2008 Beverly.CollinsMoore@dshs.texas.gov

Deliver To:

Maria Campbell @ 512-776-6446 maria.campbell@dshs.texas.gov

Purchaser

Veronica Alvarado @ 512-406-2505 Veronica.Alvarado@hhs.texas.gov

Vendor Information: Amazon Capital Services Customer Service @ 888-281-3847 Amazon.com

Requirement / Limitations:

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

1-1 620-80 20.00 EA 28.99000 \$579.80 03/27/2023

Department of State Health Services

Purchase Order

Dispatch via Print

Payment To Net 30	Prepaid & Allow	Ship Via BEST W	'ΑΥ	Purchase Order		HHSTX-3-00	
specification	d by informal bid, Invitation for Offer, or Red ns, terms, and conditions set forth in the adve	Date 03/23/23	Revision		Page 2		
guarantees g requirement All shipmer	responses become a part of this numbered pagoods or services delivered meet or exceed notes. Ints, shipping papers, invoices, and corresponded or Number.	Ship To:	1818 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Ste M351 Austin TX 78756 United States				
Vendor:	1453328644 0 AMAZON CAPITAL SERVICES INC PO BOX 35184 SEATTLE WA 981245185 United States	Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		ENT OF STATE HEALTH 1 St (RBB) 347 8756	I SERVICES		
				Fax: Email:	512/458-744 invoices@ds	12 shs.texas.gov	
				Purchaser:	Alvarado,V	eronica	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Schedule Total \$579.80 Item Total for Line 1 \$579.80			
				Total Po	O Amount	\$579.80	

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

Veronica Alvarado, CTCV), CTCM

03/23/2023