

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-3-0000312916
Net 30	FOB Dest. Prepaid & Allowed	BEST WAY	Date	Revision
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.			03/23/23	Page 1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States

Vendor: 1900999880 8
SOUTH CENTRAL SUPPLY LLC
828 BETTERMAN DR
PFLUGERVILLE TX 786605117
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: Hill, Geneva L 512/406-2463

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

This Purchase Order is issued in accordance with Quote # 537-221750 received on 3-23-23- signed by Hope Craft at South Central Supply LLC
Vendor contact: Hope Craft 512-367-0311

PURCHASE MADE UNDER THE AUTHORITY OF
TX. GOVT. CODE 2155.1441 FOR CLIENT SERVICES

This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature." CPA
Procurement Manual, pg. 145, section 2.57.

Agency Contact: Ltzel Cardenas

Buyer: Geneva Hill
Phone: 512-406-2463
Cell: 512-905-2100
geneva.hill@hhs.texas.gov

1-1	MyPlate Meal-Wheel	037-78	20.00	EA	4.25000	\$85.00	03/23/2023
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Schedule Total \$85.00

Quote is attached.

Item Total for Line 1 \$85.00

2-1	MyPlate Book Jr. (20 English and 20 Spanish)	037-78	40.00	EA	4.50000	\$180.00	03/23/2023
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Schedule Total \$180.00

Item Total for Line 2 \$180.00

3-1	MyPlate Card (20 English and 20 Spanish)	037-78	40.00	EA	2.50000	\$100.00	03/23/2023
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Schedule Total \$100.00

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Purchaser: Hill, Geneva L 512/406-2463

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 3							\$100.00
4-1	Fruit & Veggie Wheel (20 English and 20 Spanish)	037-78	40.00	EA	3.95000	\$158.00	03/23/2023
Schedule Total							\$158.00
Item Total for Line 4							\$158.00
5-1	Shipping	963-39	1.00	EA	17.00000	\$17.00	03/23/2023
Schedule Total							\$17.00
Item Total for Line 5							\$17.00
Total PO Amount							\$540.00

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

Geneva Hill CTC D

03/28/2023