

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |  |
|--|---|-----------------------------|--|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000312968</b>   |
| 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. |   |                             | <b>Date</b><br>03/24/23  |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1   |
|  |   | <b>Ship To:</b>             | 4546 - Austin:1100 W 49th St (DBGL)<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (DBGL)<br>PO Box 149347<br>Austin TX 78756<br>United States |

**Vendor:** 1862161688 9  
ODP BUSINESS SOLUTIONS LLC  
PO BOX 660113  
DALLAS TX 75266-0113  
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 #0000221384

Freight: F.O.B Destination Freight Prepaid and Allowed

Delivery: 10 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

Quote #: Shopping Cart

Agency Contact:  
Virginia Flores @ 512-776-7587  
Virginia.Flores@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO:  
BUILDING: Laboratory L114  
FLOOR: 6th, RM L641  
CONTACT: Virginia Flores @ 512-776-7587

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

VENDOR:  
ODP Business Solutions  
Richard Merten @ 832-477-6118  
stateoftexas@officedepot.com

OMNIA GPO and DSHS Contract # XXXXXXXXXX

OMNIA GPO and ODP Business Solutions Contract # XXXXXXXXXX

PURCHASING METHOD: EX/0  
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000312968</b>  |
| 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. |   |                             | <b>Date</b><br>03/24/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>4546 - Austin:1100 W 49th St (DBGL)<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (DBGL)<br>PO Box 149347<br>Austin TX 78756<br>United States |
|  |   |                             | <b>Page</b><br>2  |

**Vendor:** 1862161688 9  
ODP BUSINESS SOLUTIONS LLC  
PO BOX 660113  
DALLAS TX 75266-0113  
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

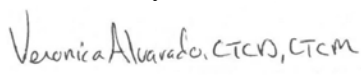
**Purchaser:** Alvarado, Veronica

| Line-Sch                     | Inventory Item ID - Line Description  | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date   |
|------------------------------|---|------------|----------|-----|----------|--------------|------------|
|                              | Lexmark 55B1000 Black Toner<br>Cartridge Supplier #: 9953708  |            |          |     |          |              |            |
| <b>Schedule Total</b>        |   |            |          |     |          | \$764.90     |            |
| <b>Item Total for Line 1</b> |   |            |          |     |          | \$764.90     |            |
| 2-1                          | Avery Removable Laser/Inkjet ID<br>Labels, 6460, Organization, 1in x 2<br>5/8in, White, Pack Of 750 Supplier #:<br>653618 | 615-51     | 20.00    | PCK | 18.35000 | \$367.00     | 04/10/2023 |
| <b>Schedule Total</b>        |   |            |          |     |          | \$367.00     |            |
| <b>Item Total for Line 2</b> |   |            |          |     |          | \$367.00     |            |
| <b>Total PO Amount</b>       |   |            |          |     |          | \$1,131.90   |            |

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.

|  |                   |
|--|-------------------|
| <b>Authorized By</b><br> | <b>03/27/2023</b> |
|--|-------------------|