Department of State Health Services

Purchase Order

Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000312973 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 03/24/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4544 - Austin:1111 W North Loop guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1111 W North Loop All shipments, shipping papers, invoices, and correspondence must be identified Austin TX 78756 with our Purchase Order Number. United States Vendor: 1263718834 8 Bill To: Invoice-DSHS Fiscal Claims BULLCHASE INC DEPARTMENT OF STATE HEALTH SERVICES 201 S LAKELINE BLVD STE 503 1100 W 49th St (RBB) CEDAR PARK TX 786132741 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: De La Rosa, Lindsey M **Purchaser:** Line-Sch UOM **Inventory Item ID - Line Description** Class/Item Quantity PO Price **Extended Amt Due Date**

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY: 4-8 Days After Receipt of PO

AGENCY CONTACT: Ship to Attn: Mia Simmons +1 (737) 218-7067 Mia.Simmons@dshs.texas.gov

HHSC BUYER: Lindsey De La Rosa 776628 lindsey.delarosa@hhs.texas.gov

VENDOR: Dealer VID: 12637188348 Dealer: Bullchase, Inc. Contact Name: Marianne Galea Email: info@bullchase.com Phone: (888) 558-2855 Address: 3000 Polar Ln., Ste. 703 Cedar Park TX 78613 HUB Eligibilty: WO HUB Gender: F

PURCHASING METHOD: CP/X Procurement methods were evaluated, and the best value is provided using the TXMAS contract. Purchase made under the Authority of 2155.502 Development of Multiple Award Schedule.

Txmas Contract: TXMAS-18-51V06 Term: 7/1/2018-6/30/2023 Smartbuy PO: 23122029

REQUIREMENTS/LIMITATIONS: This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding. Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 223564

Department of State Health Services

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Line-Sch	Inventor	y Item ID - Line Description	Class/Item	Quantity	Purchase UOM		De La Rosa,L PO Price	indsey M Extended Amt	Due Date	
1-1		lotation Jacket / Coat III L 15-	345-90	1.00	EA		258.40000	\$258.40	03/24/2023	
						Sched	lule Total	\$258.40		
					Item Total for Line 1			\$258.40		
2-1	Rain Jacl	tet Unrated Green M	345-74	1.00	EA		51.94000	\$51.94	03/24/2023	
					Schedule To		lule Total	\$51.94		
					Item Total for Line 2			\$51.94		
3-1	G1936 S Lb.	andard Life Jacket III M 15-1/2	345-90	1.00	EA	1	100.44000	\$100.44	03/24/2023	
						Sched	lule Total	\$100.44		
					Ite	em Total f	or Line 3	\$100.44		

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

Linosey) De La Rova

03/24/2023