## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Ter Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	ГХ-3-0000312995
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Date</b> 03/24/23	Revision	Page 1
			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 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

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 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: 10 Days After Receipt of PO

AGENCY CONTACT: Ship to Attn: Michele Torres

(512) 776-3538

Michele.Torres@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: 23122061

### 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 225330

1-1 560-82 1.00 EA 617.29000 \$617.29 04/07/2023

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Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-3-00	000312995
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guarantees goorequirements.  All shipments	esponses become a part of this numbered puods or services delivered meet or exceed numbers, shipping papers, invoices, and correspondes Order Number.	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States				
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				Fax: Email:	512/458-7442 invoices@dshs.	.texas.gov	
				Purchaser:	De La Rosa,L	indsey M	
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
	1W944; MPN: 1470GRAY						
			Sche	dule Total	\$617.29		
			Item Total	Item Total for Line 1\$6			
			Total Po	O Amount	\$617.29		

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

Linasy De La Rosa

03/24/2023