

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000313070</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> 03/24/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 3187 - Vernon:1531 Cumberland St HEALTH & HUMAN SERVICES COMMISSION 1531 Cumberland St Vernon TX 76384 United States
			<b>Page</b> 1

**Vendor:** 1363342142 8  
ULINE  
2200 S LAKESIDE DR  
WAUKEGAN IL 600858361  
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:** Manning, Charles

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 1-3 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

AGENCY CONTACT:  
Samuel Savala  
817-264-4502  
samuel.savala@dshs.texas.gov

HHSC BUYER:  
Charles Manning, CTCD  
512-776-6840  
charles.manning@hhs.texas.gov

VENDOR:  
Uline  
800-295-5520  
customer.service@uline.com

QUOTE #83725045

PURCHASING METHOD: SP/E  
Not to Exceed \$10,000.00

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 0000222069

1-1	standard mobile storage cabinet - 36x24x78: item # H-8505ABL / includes CABINET DOLLY - 36 X 24", BLACK	415-13	2.00	EA	675.00000	\$1,350.00	04/10/2023
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<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 2
			<b>Ship To:</b> 3187 - Vernon:1531 Cumberland St HEALTH & HUMAN SERVICES COMMISSION 1531 Cumberland St Vernon TX 76384 United States

**Vendor:** 1363342142 8  
ULINE  
2200 S LAKESIDE DR  
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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:** Manning, Charles

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					<b>Schedule Total</b>	\$1,350.00	
	quote attached to line 01				<b>Item Total for Line 1</b>	\$1,350.00	
2-1	shipping	962-86	1.00	LOT	120.81000	\$120.81	04/10/2023
					<b>Schedule Total</b>	\$120.81	
					<b>Item Total for Line 2</b>	\$120.81	
					<b>Total PO Amount</b>	\$1,470.81	

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**

*Charles Manning*  
CTCO

**03/24/2023**