

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000313129
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.			Date 03/27/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 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: Martinez, Travis

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: 14 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:
Mia Simmons
Administrative Assistant IV
Food and Drug Section
Consumer Protection Division
1100 W 49th Street
PO Box 149347 Mail Code 1987
Austin, TX 78714-3947
PH: 737-218-7067
CELL: 512-375-2401
FAX: 512-206-3791

HHSC BUYER:
Travis Martinez CTCD
512-438-5685
Travis.martinez@hhs.texas.gov

VENDOR:
Vendor Name: South Central Supply LLC
Contact: Customer Service
Phone: 512-367-0311
Email: sales@supplytexas.com

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

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition 218443							
1-1	Water Sample Bottles, Sterile, 120mL Polypropylene, NO Sod Thio, STB (Breakaway) Tamper Cap, 100/Box, 200/CS, Part Number: MS-5R120WPP	465-18	6.00	CS	195.99000	\$1,175.94	04/10/2023
Schedule Total						\$1,175.94	
Item Total for Line 1						\$1,175.94	
Total PO Amount						\$1,175.94	

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 	03/28/2023
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