

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000313151
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 0011 - Abilene:4601 S 1st St HEALTH & HUMAN SERVICES COMMISSION 4601 S 1st St PO Box 521 Abilene TX 79605 United States
			Page 1

Vendor: 1208159365 4
DIVINE IMAGING INC
21323 PACIFIC COAST HWY STE 101
MALIBU CA 902655202
United States

Bill To: Invoice-HHSC Region 2/9, Commu
HEALTH & HUMAN SERVICES COMMISSION
4601 S 1st St
PO Box 521
Abilene TX 79605
United States

Email: Reg02_Admin_Services@hhs.texas.gov

Purchaser: Maldonado, Daniel Ray

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: 4 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:
Charlie Cruz
325-795-5613
Charlie.Cruz@hhs.texas.gov

Ship to Attn: Charlie Cruz

HHSC BUYER:
Daniel Maldonado, CTCD
512-406-2649
Daniel.Maldonado01@hhs.texas.gov

VENDOR:
Divine Imaging
Kim Devane
310-579-4000
kim@divineimaging.com

PURCHASING METHOD: CP/X
Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-21-04501
Term: Today until 8/31/23
Smartbuy PO: 23122478

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 # 0000226128

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1-1	Over the Spill Pads, Med25Pads/Bag, 12bg/Case Supplier Part Number: RCP4253YEL-T4 Manufacturer Part #: 4253 YEL	485-65	144.00	PKG	28.44000	\$4,095.36	03/31/2023
Schedule Total						\$4,095.36	
Item Total for Line 1						\$4,095.36	
Total PO Amount						\$4,095.36	

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

Daniel Maldonado, CTCD

03/28/2023