

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000313174</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><br>03/27/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |
|  |   |                             | <b>Page</b><br>1  |

**Vendor:** 1862161688 9  
ODP BUSINESS SOLUTIONS LLC  
PO BOX 660113  
DALLAS TX 75266-0113  
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:** Rodriguez,Linda 512/406-2533

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

FY23 Purchase / Requisition # 219499

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 2 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

INVOICING: Invoices@dshs.texas.gov

SmartBuy PO# 23122329

Agency Delivery Contact:  
Rebecca Waldon @ 512-231-5609  
Rebecca.Waldon@hhs.texas.gov

Purchaser Information:  
Linda Rodriguez @ 512-406-2533  
Linda.Rodriguez3@hhs.texas.gov

Vendor Information:  
ODP Business Solutions, LLC  
Richard Merten @ 832-477-6118  
richard.merten@odpbusiness.com

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

Contract #: TXMAS-20-7501 Start Date: 12/16/2019 End Date: 3/31/2023

Requirements/Limitations:  
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

INCLUDE P.O. NUMBER ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

|     |  |        |       |     |        |         |            |
|-----|--|--------|-------|-----|--------|---------|------------|
| 1-1 | Part # 856657 - ODB Rubber Bands,<br>#64, 3 1/2in x 1/4in, 1/4 Lb. Bag | 615-75 | 30.00 | BAG | .85000 | \$25.50 | 03/29/2023 |
|-----|--|--------|-------|-----|--------|---------|------------|

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|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

**Schedule Total**                     \$25.50

**Item Total for Line 1**                     \$25.50

**Total PO Amount**                     \$25.50

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.

|  |                   |
|--|-------------------|
| <b>Authorized By</b><br><i>Linda Rodriguez, CTCS, CTCM</i> | <b>03/27/2023</b> |
|--|-------------------|