## **Department of State Health Services**

## **Purchase Order**

	Prepaid & Allow	Ship V BEST	'ia			
	informal hid Invitation for Offer or Pa	DLDI	WAY	Purchase Order	HHST	X-3-0000313212
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				Date 03/27/23	Revision	Page 1
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.			Ship To:	Loop TICES COMMISSION		
Vendor:	: 1364230110 8 CDW GOVERNMENT INC 75 REMITTANCE DR DEPT 1515 CHICAGO IL 606751515 <b>United States</b>		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: Email:	512/458-7442 invoices@dshs.texas.gov	
Line-Sch I	nventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Prince, Sheana Denea PO Price Extend	512/406-2548

FY23 Funding IT/I NIGP: 204/13

Requisition: 0000223359 (Line Item 2)

PO Service Dates: 03/27/2023 to 08/31/2023

Quote #: NGLS648 (Line Item 2)

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068, and DIR-CPO-5093.

Vendor Contact: CDW Government Peter McGee (877) 708-8009 petmcge@cdwg.com

Agency Contact: Gem Naivar (737) 218-7011 Gem.Naivar@dshs.texas.gov

Purchaser: Sheana Prince, CTCD (512) 406-2548 Sheana.Prince@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

## **Department of State Health Services**

## **Purchase Order**

Payment Te	rms Freight Terms	Ship Vi	0			Вюрс	itch via Print
Net 30	Prepaid & Allow	BEST W		Purchase Orde	er	HHSTX-3-0	000313212
If advertised specification	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve	uest for Proposal rtisement and ven	; all dor's	Date 03/27/23	Revision		Page 2
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.			Ship To:	HEALTH & HU 1111 W North I	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	1364230110 8 CDW GOVERNMENT INC 75 REMITTANCE DR DEPT 1515 CHICAGO IL 606751515 <b>United States</b>			Bill To:	Invoice-DSHS I DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	T OF STATE HEALT (RBB)	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.t	texas.gov	
				Purchaser:	Prince,Sheana	Denea 5	12/406-2548
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Delivery Ho	urs: 8:00-11:30 AM and 1:00-4:30 PM M Tripp Lite 6' Hi-Speed USB 2.0 A/B Gold Device Cable Shielded M/M CDW PART: 411421 MFG.PART: U022-006 UNSPSC: 26121600 Contract: Texas Misc IT HW Peri and Components DIR-CPO-5093	londay thru Frid	ay except d	esignated State Hol	idays when the W 4.48000	arehouse is closed \$44.80	04/10/2023
				Sci	hedule Total	\$44.80	
				Item Tota	al for Line 1	\$44.80	
				Total	PO Amount	\$44.80	

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	
Sheana Prince, CTCD	03/27/2023

**Dispatch via Print**