Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	H	HSTX-3-0000313233	
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 03/28/23	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:	1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States		
	383147838 6 MARKETLAB INC		Bill To:	Invoice-DSHS Fisca	al Claims F STATE HEALTH SERVICES	

DEPT 2506 PO BOX 11407

BIRMINGHAM AL 352460100

United States

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Purchaser: Alexander, Leslie L 512/406-2424

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

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000222130

INVOICING - See Header Comments

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact:

Name: Phoebe Seale / 817-264-4532 Email: Phoebe.Seale@dshs.texas.gov

HHSC terms and conditions attached

HHSC Purchasing:

Contact Name: Leslie Alexander Contact Phone: 512-406-2424

Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION:

VID: 38-3147838

Vendor: MarketLab, Inc. / Hopkins Uniform

Name: Melissa - Company Contact Phone: 800-835-1995 x 7005 Email: orders@hopkinsmedical.net

Quote #: QUO1886634 / Date: 03/06/2023/ Customer ID: 203121279

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 495-56 5.00 EA 79.20000 \$396.00 04/04/2023

Hopkins Digital Scale 440lb Capacity

w/Tote

Schedule Total \$396.00

Department of State Health Services

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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 03/28/23	Revision		Page 2
guarantees goo requirements. All shipments	sponses become a part of this numbered p ods or services delivered meet or exceed n s, shipping papers, invoices, and corresp chase Order Number.	umbered purchas	se order	Ship To:			OMMISSION
Vendor:	1383147838 6 MARKETLAB INC DEPT 2506 PO BOX 11407 BIRMINGHAM AL 352460100 United States			Bill To:	Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934 Austin TX 787 United States	NT OF STATE HEALTI St (RBB) 17	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs	s.texas.gov	
				Purchaser:	Alexander,Le	eslie L 51	12/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item To	al for Line 1	\$396.00	
2-1	Shipping/Handling	962-86	1.00	EA	50.53000	\$50.53	04/04/2023
				Se	chedule Total	\$50.53	
				Item Tot	tal for Line 2	\$50.53	

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	
Laslie Hant Si CTP	03/28/2023

Total PO Amount