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-3-0000313266	
specifications, terms	rmal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement 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.			Ship To:	1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Tyler TX 75702 United States		
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Vendor: 1453328644 0

AMAZON CAPITAL SERVICES INC

PO BOX 35184

SEATTLE WA 981245185

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: 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 #: 0000221786

INVOICING See Header Comments

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Mary Collins / 903-952-2386 (cell) Email: Mary.Collins@dshs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

Vendor Information:

Vendor Name: Amazon Capital Services Inc.

Vendor Contact: Customer Service Vendor Contact Email: ON-Line

Freight terms are FOB Destination Prepaid and Allowed

Terms: Net 30

1-1 055-27 15.00 EA 67.44000 \$1,011.60 03/30/2023

LIFELINE AAA 4365AAA Destination Road, 68 Piece Emergency Car Tire Inflator, Jumper Cables, Headlamp, Warning Triangle and First Aid Kit

Schedule Total	\$1,011.60
Item Total for Line 1	\$1.011.60

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	НН	STX-3-000031326	
specifications	by informal bid, Invitation for Offer, or Req , terms, and conditions set forth in the adver	tisement and vendor's	Date 03/28/23	Revision	Paç	
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Vendor:	1453328644 0 AMAZON CAPITAL SERVICES INC PO BOX 35184 SEATTLE WA 981245185 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.go	ov	
			Purchaser:	Alexander.Leslie L	512/406-2424	

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

Lastin Hant S, CTP

03/29/2023