Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		шц	STX-3-0000313267	
Net 30 Prepaid & Allow BEST WAY 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			Purchase Order Date 03/28/23	Revision Page		
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:	ıklin Ave ATE HEALTH SERVICES			
Vendor: 700	01528171 3		Rill To:	Invoice-DSHS Fiscal Cla	aims	

MARK A BELL

DBA CAULEY LANE RV STORAGE

918 CAULEY LN

SAN ANGELO TX 769031319

United States

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: Wright, Byron Carl 512/406-2512 **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price **Extended Amt Due Date**

FY23 funding

SP/E

Line-Sch

Requisition 224872 Pricing per Quote attached PO Service Dates 7/1/2023 to 06-30-2024.

Attached Terms and Conditions apply to this Purchase Order.

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.

Vendor Contact

Mark A Bell dba Cauley Lane RV Storage Tax ID # 7001528171

Mark A Bell

E-Mail: m.a.bell@suddenlink.net

Phone: 325-234-4542

Agency contact

Rosario Jacquez Office: 915-834-7675

Rosario.Jacquez@dshs.texas.gov

PCS contact

Byron Wright CTCD 512-406-2512

Byron.Wright@hhs.texas.gov

971-70 \$2,200.00 04/13/2023 1-1 1.00 YR 2200.00000

Totally enclosed stall with electricity A39 (12'x40'x13') and stall 40 (12'x40'x13')

Department of State Health Services

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-00003	313267	
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	, snipping papers, invoices, and corre hase Order Number.	spondence must be identified		Ste 210 El Paso TX 79901 United States		
Vendor:	7001528171 3		Bill To:	Invoice-DSHS Fiscal Claims		
	MARK A BELL			DEPARTMENT OF STATE HEALTH SER	RVICES	
	DBA CAULEY LANE RV STORAC	BE .		1100 W 49th St (RBB)		
	918 CAULEY LN			PO Box 149347		
	SAN ANGELO TX 769031319			Austin TX 78756		
	United States			United States		
			_			
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		

				Purchaser:	Wright,Byron Carl	rl 512/406-2512	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$2,200.00	
				Item	Total for Line 1	\$2,200.00	
				Т	otal PO Amount	\$2,200.00	

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

Byon Wiight, CTCD,

03/28/2023