Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via		LUIOTY	0000040040
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3	-0000313310
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision	Page
	s, terms, and conditions set forth in the ad		03/28/23		1
guarantees go requirements.		numbered purchase order	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Austin TX 78756 United States	
Vendor:	1270077967 6		Bill To:	Invoice-DSHS Fiscal Claims	
	DREAM RANCH LLC			DEPARTMENT OF STATE HEA	LTH SERVICES
	ATTN: SHERI DEWET			1100 W 49th St (RBB)	
	11614 JIM CHRISTAL RD			PO Box 149347	
	KRUM TX 762497027			Austin TX 78756	
	United States			United States	

512/458-7442 invoices@dshs.texas.gov **Email:**

Alvarado, Veronica **Purchaser:**

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

FY23 Purchase / Requisition #: 0000223945

Procurement Type: SP/E Not to Exceed \$895.60

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 10 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

Quote #: 10456

Agency Contact: Candace Turner @ 512-776-6350 candace.turner@dshs.texas.gov

Purchaser:

Veronica Alvarado @ 512-406-2505 Veronica.Alvarado@hhs.texas.gov

Vendor Information: Dream Ranch Sheri De Wet @ 972-668-3190 sheri@dreamranchtx.com

Requirement / Limitations:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

785-87 10.00 EA 87.56000 \$875.60 04/11/2023 1-1

Control of Communicable Diseases

Manual, 21st Edition

Schedule Total \$875.60 \$875.60 Item Total for Line 1

Department of State Health Services

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Payment Ter Net 30	Prepaid & Allow	Ship V BEST	WAY	Purchase Order		HHSTX-3-0000313310	
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Date 03/28/23	Revision	Page 2	
				Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
				Fax: Email:	512/458-7442 invoices@dshs	.texas.gov	
				Purchaser:	Alvarado,Verd		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	
2-1	Shipping Fee	962-86	1.00	EA	20.00000	\$20.00 04/11/2023	
				Sche	edule Total	\$20.00	
				Item Total	for Line 2	\$20.00	

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
Veronica Alvaredo, CTCN, CTCM
03/28/2023

Total PO Amount