

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000313369</b>
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.			<b>Date</b> 03/29/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St Tyler TX 75702 United States

**Vendor:** 1592191651 4  
JOHN W HOCK CO  
7409 NW 23RD AVE  
GAINESVILLE FL 326066315  
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:** Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Contact: sharon.amoragrammer@dshs.texas.gov  
SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 30 Days After Receipt of PO

DELIVERY: Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

Please follow the Texas Comptroller's Invoicing standards as seen below.  
Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.  
(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.  
The invoice should include, but is not limited to including:  
(1) the contractor's mailing and e-mail (if applicable) address.  
(2) the contractor's telephone number.  
(3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice.  
(4) the state agency's name, agency number, delivery address.  
(5) the state agency's purchase order number, if applicable.  
(6) the contract number or other reference number, if applicable.  
(7) a valid Texas identification number (TIN) issued by the Comptroller.  
(8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice.  
(9) unit numbers corresponding to the amount of the invoice.  
(10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor.  
(11) other relevant information supporting and explaining the payment requested.  
Warehouse: Please deliver to bldg. 800

**AGENCY CONTACT:**  
Lead Contact (Program SME) Name: Collins, Mary  
Lead Contact Email: Mary.Collins@dshs.texas.gov  
Lead Contact Phone: 1 903.533.5264

Requester Name:  
Requester Phone Number/Area Code:  
Requester E-mail Address:

Facility:

Contract Manager Name:  
Contract Manager Email:

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Contract Manager Phone:

Ship to Attn: Collins, Mary  
Phone Number/Area Code: 1 903.533.5264  
E-mail Address: Mary.Collins@dshs.texas.gov

Building and Room number  
bldg.

DEPARTMENT OF STATE HEALTH SERVICES  
2521 W Front St  
Tyler TX 75702  
United States

Warehouse: Please deliver to bldg.

HHSC BUYER:  
George Mills, CTCD, Ph 512-406-2651, Fax 512-406-2695,  
email George.Mills@hhs.texas.gov

Vendor Name: John W. Hock Company  
Vendor ID: 1592191651  
Vendor Contact: CUSTOMER SERVICE  
Vendor Address: 7409 NW 23RD AVE  
GAINESVILLE, FL 326066315  
United States  
Vendor Phone: 1 (352) 378-3209  
Vendor Email: Sales@JohnWHock.com

PLEASE HAVE VENDORS SEND INVOICES to Invoice/Payment Contact

QUOTE:

PURCHASING METHOD: SP/E  
Not to Exceed \$10,000.00

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

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000223551

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**Purchaser:** Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	CDC UpDraft Blacklight UV Trap, 12 VDC	485-60	6.00	EA	227.00000	\$1,362.00	03/29/2023
<b>Schedule Total</b>						<u>\$1,362.00</u>	
<b>Item Total for Line 1</b>						<u>\$1,362.00</u>	
Attached quote, specification similar to requested item.							
2-1	New Standard Miniature Blacklight Trap, 6VDC	485-60	6.00	EA	267.00000	\$1,602.00	03/29/2023
<b>Schedule Total</b>						<u>\$1,602.00</u>	
<b>Item Total for Line 2</b>						<u>\$1,602.00</u>	
Attached quote, specifications similar to requested item.							
3-1	Sealed, Gelled-Electrolyte Battery, 6 V, 20 Amp Hrs	075-06	12.00	EA	2.32000	\$27.84	03/29/2023
<b>Schedule Total</b>						<u>\$27.84</u>	
<b>Item Total for Line 3</b>						<u>\$27.84</u>	
<b>Total PO Amount</b>						<u>\$2,991.84</u>	

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.

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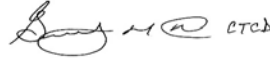
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**Authorized By**



03/29/2023