Department of State Health Services

Purchase Order

Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000313465 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 03/29/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6694 - Austin:1111 W North Loop guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1111 W North Loop All shipments, shipping papers, invoices, and correspondence must be identified Austin TX 78756 with our Purchase Order Number. United States Vendor: 12634995182 Bill To: Invoice-DSHS Fiscal Claims MONO MACHINES LLC DEPARTMENT OF STATE HEALTH SERVICES DBA SUPPLY CHIMP 1100 W 49th St (RBB) 228 PARK AVE S # 36842 PO Box 149347 NEW YORK NY 10003-1502 Austin TX 78756 **United States** United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: Chavez, Rafael **Purchaser:** PO Price **Inventory Item ID - Line Description** UOM Line-Sch Class/Item Quantity Extended Amt **Due Date** FY23 Purchase Texas Smart Buy Purchase Order #: 23123710 CP/X TXMAS Contract #: TXMAS-19-7502 Term: 12/06/2018 thru 09/27/2023 Requisition #: 0000221802 See above for SHIP TO ADDRESS ON PO Agency Delivery Contact: MICHAELA MERLO MICHAELA.MERLO@DSHS.TEXAS.GOV Terms and conditions attached HHSC Purchaser Information: Steven Chavez, CTCD, CTCM 512-712-5002 Rafael.chavez@hhs.texas.gov Vendor Information: Mono Machines LLC dba Supply Chimp Chris McPherson (800) 592-1306 helpme@supplychimp.com Freight Terms are FOB Destination Prepaid and Allowed/Add Terms: Net 30 1-1 615-43 1.00 EA 21.53000 \$21.53 03/30/2023 Hanging Folder Frame, Letter/Legal Size, 12-24" Long, Steel, 2/Box \$21.53 Schedule Total

Department of State Health Services

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	esponses become a part of this numbered pu bods or services delivered meet or exceed nu.			Ship	HEAL	- Austin:1111 W North Loop .TH & HUMAN SERVICES C	OMMISSION	
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Vendor:	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States			D 11 Pe A		nvoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 100 W 49th St (RBB) 20 Box 149347 Austin TX 78756 Jnited States		
						58-7442 es@dshs.texas.gov		
				Purc	haser: Chav	ez,Rafael		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Pr	ice Extended Am	Due Date	
2-1		615-39	10.00	EA	Item Total for Line	e 1 \$21.53	- 03/30/2023	
2-1	Ready Index Two-Column Table Of Contents Divider, Title: 1-16, Multi, Letter	013-39	10.00	EA			05/30/2025	
Ready index	Two-Column Table of Contents Divider Titl	le 1-16 Part #64	31		Schedule 10	\$67.00	-	
					Item Total for Line	e 2 \$67.00	-	
3-1	Ready Index Two-Column Table Of Contents Divider, Title: 1-32, Multi, Letter	615-39	10.00	EA	6.200	\$62.00	03/30/2023	
					Schedule To	\$62.00	-	
Ready index '	Two-Column Table of Contents Divider Titl	le 1-32 Part #64	33		Item Total for Line	e 3\$62.00	-	
4-1	206-66 12.00 EA Optical Wireless Mouse Six button Black	26.800	\$321.60	04/03/2023				
					Schedule To	stal \$321.60	_	
					Item Total for Line	4 \$321.60	-	
5-1	Disposable Compressed Air Duster 10 Oz. Cans 2Pack	485-53	10.00	EA	14.320	\$143.20	03/30/2023	
					Schedule To	stal \$143.20	_	
					Item Total for Line	e 5\$143.20	-	
					Total PO Amo	unt \$615.33]	

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	
specification	d by informal bid, Invitation for Offer, or Re ns, terms, and conditions set forth in the adv	ertisement and vendor's	Date 03/29/23	Revision Page 3
guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed n is. nts, shipping papers, invoices, and corresp urchase Order Number.	umbered purchase order	Ship To: d	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
Vendor:	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 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: Email:	512/458-7442 invoices@dshs.texas.gov
			Purchaser:	Chavez, Rafael
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	y UOM	PO Price Extended Amt Due Date

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	
Steven Chavez, CTCD, CTCM	04/06/2023

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