Department of State Health Services

Purchase Order

Payment Terms	Freight Terms	Ship Via				tch via Prir
Net 30 If advertised by info	Prepaid & Allow mal bid, Invitation for Offer, or Requ	BEST WAY est for Proposal: all	Purchase Order Date	Revision	IHSTX-3-0	00031400 Pag
pecifications, terms	, and conditions set forth in the advert	04/05/23	Revision		Fag	
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:	Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMI 1111 W North Loop Austin TX 78756 United States		OMMISSION
SO 828 PFI	0999880 8 UTH CENTRAL SUPPLY LLC BETTERMAN DR JUGERVILLE TX 786605117 ited States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIO 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Breest,Maria Ana		
Line-Sch Inven	tory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
	CT: nele Torres					
ead Contact Ema ead Contact Phor nfo for Warehouse Delivery Contact: L Phone: 512-776-74	ele Torres il: michele.torres@dshs.texas.gov ne: 512-695-9575 e staff: .yndsey Christena					
Lead Contact Ema Lead Contact Phor nfo for Warehouse Delivery Contact: L Phone: 512-776-74 Email: Lyndsey.ch	ele Torres il: michele.torres@dshs.texas.gov he: 512-695-9575 e staff: .yndsey Christena 104 ristena@dshs.texas.gov Moreton 7th Suite 733, Cube 73	2				
ead Contact Ema ead Contact Phore of for Warehouse Delivery Contact: L hone: 512-776-74 mail: Lyndsey.ch Bldg/Floor/Cubicle HSC BUYER: ma Breest, CTCD 12-406-2679 ma.breest@hhs.te (ID:190099998806 South Central Sup ales@supplytexa 12-367-0311	ele Torres il: michele.torres@dshs.texas.gov he: 512-695-9575 e staff: yndsey Christena 104 istena@dshs.texas.gov Moreton 7th Suite 733, Cube 73 , CTCM exas.gov 3 poly	2				
ead Contact Ema ead Contact Photo off for Warehouse pelivery Contact: I Phone: 512-776-74 mail: Lyndsey.ch Bldg/Floor/Cubicle HSC BUYER: na Breest, CTCD 12-406-2679 na.breest@hhs.te /ID:19009999880 South Central Sup ales@supplytexa 12-367-0311 Suote: Q17013 PURCHASING ME lot to Exceed \$10 REQUIREMENTS/ his PO is conting	THOD: SP/E 000000 THOD: SP/E 00000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 000000 CTCM 0000000 CTCM 0000000000 CTCM 000000000000000000000000000000000000	of lawful appropriations by	∕ the Texas Legislature	e. FY2023 funding.		

Department of State Health Services

Purchase Order

Payment Ter	ment Terms Freight Terms Ship Via					
Net 30	Prepaid & Allow	BEST		Purchase Order	HHSTX-3-0000314002	
	by informal bid, Invitation for Offer, or Rec			Date	Revision Page	
	s, terms, and conditions set forth in the adve			04/05/23	2	
	esponses become a part of this numbered pu			Ship To:	6694 - Austin:1111 W North Loop	
guarantees goods or services delivered meet or exceed numbered purchase order requirements.				-	HEALTH & HUMAN SERVICES COMMISSION	
	s, shipping papers, invoices, and corresp	ondence must h	e identified		1111 W North Loop	
	chase Order Number.	ondence must b	e lucitificu		Austin TX 78756 United States	
					United States	
Vendor:	1900999880 8			Bill To:	Invoice-DSHS Fiscal Claims	
	SOUTH CENTRAL SUPPLY LLC				DEPARTMENT OF STATE HEALTH SERVICES	
	828 BETTERMAN DR				1100 W 49th St (RBB)	
	PFLUGERVILLE TX 786605117				PO Box 149347	
	United States				Austin TX 78756 United States	
					United States	
				Fax:	512/458-7442	
				Email:	invoices@dshs.texas.gov	
				Purchaser:	Breest,Maria Ana	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date	
	M 11 # 10000 77100 C					
	Model # 19200-77182-6 UPC Code # 400725027823					
	OFC Code # 400725027825					
				Sche	dule Total \$61.98	
				Item Total f	for Line 1 \$61.98	
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				_		
				Total P	O Amount \$61.98	

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 MBreest CTCD, CTCM 04/05/2023

Dispatch via Print