

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000314165
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.			Date 04/10/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States

Vendor: 1862161688 9
ODP BUSINESS SOLUTIONS LLC
PO BOX 660113
DALLAS TX 75266-0113
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: Martinez, Travis

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 14 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 when the Warehouse is closed.

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

AGENCY DELIVERY CONTACT:
Porscha Jones-Harris
porscha.jonesharris@dshs.texas.gov
806-477-1100

HHSC BUYER:
Travis Martinez
512-438-5685
Travis.martinez@hhs.texas.gov

VENDOR:
Richard Merten
richard.merten@odpbusiness.com
(832) 477-6118

FY23
OMNIA GPO and HHS Contract # HHS000840200001
EXP date 08/31/2025

Omnia and Office Depot Contract Number R190303
Omnia Office Depot HHS Account Number # 46319643

PURCHASING METHOD: EX-0
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 224208

1-1	Mount-It! Folding Hand Truck And	560-01	7.00	EA	93.09000	\$651.63	04/26/2023
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States

Vendor: 1862161688 9
ODP BUSINESS SOLUTIONS LLC
PO BOX 660113
DALLAS TX 75266-0113
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

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Purchaser: Martinez, Travis

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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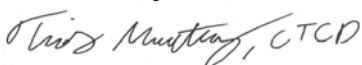
Dolly, 264 Lb Capacity
Item #9165356
Manufacturer #MI-902

Schedule Total		\$651.63
Item Total for Line 1		\$651.63
Total PO Amount		\$651.63

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 	04/12/2023
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