Department of State Health Services

Purchase Order

| | | | | | | Dispatch via Print | |
|--|---|-----------------------|----------|-------------------------|--|-------------------------------------|--|
| Payment Te Net 30 | rms Freight Terms Prepaid & Allow | Ship V BEST | | Purchase Order | | HHSTX-3-0000314212 | |
| 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 | | | | Date 04/10/23 | RevisionPage5702 - Eagle Pass:1593 S VeteransDEPARTMENT OF STATE HEALTH SERVICES1593 S Veterans BlvdEagle Pass TX 78852United States | | |
| 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: | | | | |
| Vendor: | 1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States | | | Bill To: | Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States | ° OF STATE HEALTH SERVICES (RBB) | |
| | | | | Fax: Email: | 512/458-7442 invoices@dshs.t | exas.gov | |
| | | | | Purchaser: | Perez,Aurora [| | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt Due Date | |

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

AGENCY CONTACT: Itzel Cardenas 210-501-4569 Itzel.cardenas@dshs.texas.gov

HHSC BUYER: Dianne Perez, CTCD 512-406-2493 Dianne.perez@hhs.texas.gov

VENDOR: South Central Supply 512-367-0311 sales@supplytexas.com

QUOTE dated 3.29.23

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 216282

1-1

Portion Plate Kids Style H

715-30

250.00 EA

3.90000

\$975.00 04/24/2023

Schedule Total

\$975.00

Department of State Health Services

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|---|---|---|---|----------------|-------------------------------------|----------------------------------|---------------|
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| conforming r guarantees go requirements All shipment | esponses become a part of this numbered bods or services delivered meet or exceed | 04/10/23 Ship To: | 2 5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States | | | | |
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| | | | | Fax: Email: | 512/458-7442 invoices@dshs. | .texas.gov | |
| | | | | Purchaser: | Perez,Aurora | Dianne | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| | | | | Item Total | for Line 1 | \$975.00 | |
| 2-1 | Portion Plate Adult Syle A | 715-30 | 100.00 | EA | 3.90000 | \$390.00 | 04/24/2023 |
| | | | | Sch | edule Total | \$390.00 | |
| | | | | Item Total | for Line 2 | \$390.00 | |
| 3-1 | Portion Plate Adult Style CMP | 715-30 | 100.00 | EA | 3.90000 | \$390.00 | 04/24/2023 |
| | | | | Sch | edule Total | \$390.00 | |
| | | | | Item Total | for Line 3 | \$390.00 | |
| 4-1 | MyPlate Book Jr. English | 715-10 | 100.00 | EA | 3.95000 | \$395.00 | 04/24/2023 |
| | | | | Sch | edule Total | \$395.00 | |
| | | | | Item Total | for Line 4 | \$395.00 | |
| 5-1 | MyPlate Book Jr. Spanish | 715-10 | 100.00 | EA | 3.95000 | \$395.00 | 04/24/2023 |
| | | | | Sch | edule Total | \$395.00 | |
| | | | | Item Total | for Line 5 | \$395.00 | |
| 6-1 | Fruit and Veggie Wheel English | 715-10 | 100.00 | EA | 3.98000 | \$398.00 | 04/24/2023 |
| | | | | Sch | edule Total | \$398.00 | |
| | | | | Item Total | for Line 6 | \$398.00 | |
| 7-1 | Fruit and Veggie Wheel Spanish | 715-10 | 100.00 | EA | 3.98000 | \$398.00 | 04/24/2023 |
| | | | | Sch | edule Total | \$398.00 | |
| | | | | | | | |

Department of State Health Services

Purchase Order

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| Payment Te Net 30 | Prepaid & Allow | Ship V BEST | WAY | Purcha | ase Order | | HHSTX-3-0 | 000314212 |
|--|---|-----------------------|-----------------|---------------|--------------|--|----------------------------------|------------|
| 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 | | | Date 04/10/2 | 23 | Revision | | Раде З | |
| 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 | 0: | 5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States | | |
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| | | | | Fa En | ıx: nail: | 512/458-7442 invoices@dshs | .texas.gov | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | Purcha UOM | nser: | Perez,Aurora PO Price | Dianne Extended Amt | Due Date |
| | Intendry rem ib Eme Description | Cluss/Item | Quantity | | Item Total f | or Line 7 | | Due Duie |
| 8-1 | MyPlate Songs | 715-10 | 25.00 | EA | | 3.99000 | \$99.75 | 04/24/2023 |
| | | | | | Schee | dule Total | \$99.75 | |
| | | | | | Item Total f | or Line 8 | \$99.75 | |
| 9-1 | Shipping | 963-39 | 1.00 | EA | : | 390.00000 | \$390.00 | 04/24/2023 |
| | | | | | Schee | dule Total | \$390.00 | |
| | | | | | Item Total f | or Line 9 | \$390.00 | |
| | | | | | Total PC |) Amount | \$3,830.75 | |

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 | |
|----------------|-------------------|
| Diame Rey CTCD | <u>04/11/2023</u> |