Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	НН	ISTX-3-0000314454	
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 04/13/23	Revision Page		
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: 1725 - Houston:1320 E 40th St HEALTH & HUMAN SERVICES C 1320 E 40th St PO Box 16017 Houston TX 77022 United States			
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113		Bill To:	Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017		

Fax: 713/767-2488

Ste 220 Houston TX 77023 United States

Email: Reg_06_Regional_Budget_PRF@hhsc.state.tx

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due Date

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000226164

INVOICING - See above for Bill to Information

United States

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Patricia Basquez / 713-696-8020 Email: Patricia.Basquez2@hhs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

Vendor Information: VID: 18621616889

Contractor: ODP Business Solutions, LLC Contact Name: Richard Merten Email: StateofTexas@odpbusiness.com

Phone: (832) 477-6118

Alternate Contact Name: Lori Pickering

Freight terms are FOB Destination Prepaid and Allowed

Terms: Net 30

1-1 645-68 20.00 EA 28.45000 \$569.00 04/14/2023

Supplier Part #: 388681, Manufacturer Part #: 984C/2/4 - Southworth Parchment Specialty Paper, 8 1/2in x 11in, 24 Lb.,

Ivory, Pack Of 500

Schedule Total \$569.00

Health and Human Services Commission

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Ship Via

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Net 30	Prepaid & Allow	BEST V	WAY	Purchase Order	Н	HSTX-3-00	00314454
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 04/13/23	Revision		Page 2		
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Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States			Bill To: Invoice-HHSC Fina HEALTH & HUMA 5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States		ancial Service AN SERVICES COMMISSION	
			Fax: Email:	713/767-2488 Reg_06_Regional_B	state.tx		
				Purchaser:	Alexander,Leslie L	512	/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total	for Line 1	\$569.00		
				Total P	O Amount	\$569.00	

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.

Payment Terms

Freight Terms

Authorized By

Lesslie Hand S, CTP

04/13/2023