

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000314506</b>
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.			<b>Date</b> 04/12/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 5724 - San Angelo;622 S Oakes St DEPARTMENT OF STATE HEALTH SERVICES 622 S Oakes St Ste H San Angelo TX 76903 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:** V ktora,Kourtney Chrissanne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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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:  
Tamara Hall  
432-571-4102  
Tamara.Hall@dshs.texas.gov

HHSC BUYER:  
Kourtney Viktora  
(512)776-2692  
Kourtney.v ktora@hhs.texas.gov

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

FY23

Omnia and Office Depot Contract Number R190303 expires 6/30/2024  
Omnia Office Depot HHS Account Number HHS000840200001 expires 8/31/2025

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

Requisition # 0000225825

1-1	# 341881- Quartet Dry-Erase Desktop Computer Pad, Glass, 18in x 6in, White, Frameless	785-15	1.00	EA	27.99000	\$27.99	05/02/2023
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**Schedule Total**                     \$27.99

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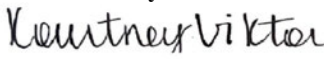
**Purchaser:** V ktora,Kourtney Chrissanne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
						<b>Item Total for Line 1</b>	\$27.99
2-1	# 270924- Kantek Premium Ergonomic Footrest, 4inH x 18inW x 13inD, Black	605-36	1.00	EA	48.49000	\$48.49	05/02/2023
						<b>Schedule Total</b>	\$48.49
						<b>Item Total for Line 2</b>	\$48.49
						<b>Total PO Amount</b>	\$76.48

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.

<b>Authorized By</b> 	<b>04/18/2023</b>
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