

# 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-3-0000315092</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> 04/19/23
<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> 5713 - Del Rio:173 Wildcat Dr DEPARTMENT OF STATE HEALTH SERVICES 173 Wildcat Dr Del Rio TX 78840 United States

**Vendor:** 1830374389 4  
PAPERHOUSE CO LLC  
PO BOX 641  
QUEEN CREEK AZ 851421813  
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:** Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: Vendor will specify.

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays

AGENCY CONTACT:  
Name: George Diaz  
Phone: +1 (210) 949-2168  
Email: george.diaz@dshs.texas.gov

HHSC BUYER:  
Name: Jocelynn Evans  
Phone #512-776-6233  
Email Address: jocelynn.evans@hhs.texas.gov

VENDOR:  
Karissa Strader  
Account Development  
Paperhouse Co. LLC  
1-866-471-2529 Office  
1-866-471-4343 Fax  
karissa@lifelink1.com

QUOTE 9177

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 219064

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<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 2
			<b>Ship To:</b> 5713 - Del Rio:173 Wildcat Dr DEPARTMENT OF STATE HEALTH SERVICES 173 Wildcat Dr Del Rio TX 78840 United States

**Vendor:** 1830374389 4  
PAPERHOUSE CO LLC  
PO BOX 641  
QUEEN CREEK AZ 851421813  
United States

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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:** Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY 23 Life Meters	037-84	100.00	EA	1.90000	\$190.00	04/28/2023
<b>Schedule Total</b>						\$190.00	
<b>Item Total for Line 1</b>						\$190.00	
2-1	FY 23 Life Meter Shipping	037-84	1.00	EA	17.10000	\$17.10	04/28/2023
<b>Schedule Total</b>						\$17.10	
<b>Item Total for Line 2</b>						\$17.10	
<b>Total PO Amount</b>						\$207.10	

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**

*Jocelynn Evans, CTCD*

**04/19/2023**