

# 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-3-0000315249</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> 04/21/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1208159365 4  
DIVINE IMAGING INC  
21323 PACIFIC COAST HWY STE 101  
MALIBU CA 902655202  
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:** Arriaga,Samantha Danielle

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

FY23 Purchase

Procurement Type: CP/X  
Requisition: 0000225609  
SmartBuy PO: 23131479  
Confirmation Order - Do Not Duplicate  
PO Service Dates: 04/21/2023 - 08/31/2023

Contract: TXMAS-21-84001  
Contract funding period: 06/24/2021 - 05/01/2023  
Contract expiration date: 05/01/2023  
Contract renewal terms: 05/02/2023 - 06/23/2026

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Best Value per Texas Government Code §2155.074

Agency Contact:  
Name: Romey Armstrong  
Phone: (512) 776-2267  
Email: Romey.Armstrong@dshs.texas.gov

Secondary Agency Contact:  
Name: Tina Gaitan  
Phone: (512) 776-3688  
Email: Tina.Gaitan@dshs.texas.gov

Purchaser Information:  
Name: Samantha Arriaga  
Email: Samantha.Arriaga@hhs.texas.gov

Vendor Information:  
Contractor: Divine Imaging Inc.  
Contact Name: Kim Devane

# 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-3-0000315249</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> 04/21/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 2
			<b>Ship To:</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

**Vendor:** 1208159365 4  
DIVINE IMAGING INC  
21323 PACIFIC COAST HWY STE 101  
MALIBU CA 902655202  
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:** Arriaga,Samantha Danielle

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Phone: (310) 579-4000 Email: kim@divineimaging.com							
1-1	USB HEADSET H570E STEREO (txsmartbuy.com)	803-39	3.00	EA	84.94000	\$254.82	04/30/2023
<b>Schedule Total</b>						\$254.82	
<b>Item Total for Line 1</b>						\$254.82	
2-1	USB HEADSET H570E STEREO (txsmartbuy.com)	803-39	6.00	EA	84.94000	\$509.64	04/30/2023
<b>Schedule Total</b>						\$509.64	
<b>Item Total for Line 2</b>						\$509.64	
<b>Total PO Amount</b>						\$764.46	

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>
----------------------

---

*Samantha Arriaga, CTCD, CTCM*

**04/21/2023**