## **Department of State Health Services**

## **Purchase Order**

<b>Ship Via</b> BEST WAY	Purchase Order	HHS	TX-3-0000315268		
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		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			1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St		
haence must be identified		Tyler TX 75702 United States			
endor: 1208159365 4 Bill T DIVINE IMAGING INC 21323 PACIFIC COAST HWY STE 101 MALIBU CA 902655202 United States		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States			
	Fax: Email:	512/458-7442 invoices@dshs.texas.gov			
	Purchaser:	Prince,Sheana Denea	512/406-2548		
Class/Item Quantity	UOM	PO Price Exte	nded Amt Due Date		
Class/Item Quantity 5.074		,			
	BEST WAY Test for Proposal; all tisement and vendor's chase order. Contractor nbered purchase order Indence must be identified	BEST WAY     Purchase Order       nest for Proposal; all tisement and vendor's chase order. Contractor mbered purchase order     Date 04/21/23       ndence must be identified     Ship To:       Bill To:     Bill To:       Fax: Email:     Purchaser:       Class/Item     Quantity     UOM	BEST WAY       Purchase Order       HHS         rest for Proposal; all       Date       Revision         issement and vendor's       Od/21/23       1901 - Tyler:2521 W From         chase order       Ship To:       1901 - Tyler:2521 W From         indence must be identified       Ship To:       1901 - Tyler:2521 W From St         Tyler TX 75702       United States         Bill To:       Invoice-DSHS Fiscal Claim         DEPARTMENT OF STAT       1100 W 49th St (RBB)         PO Box 149347       Austin TX 78756         United States       Fax:       512/458-7442         Email:       invoices@dshs.texas.gov         Purchaser:       Prince,Sheana Denea         Class/Item       Quantity       UOM		

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.

Vendor Contact: Divine Imaging Inc Kim Devane or Maddie Moorehead (310) 579-4000 kim@divineimaging.com Maddie@divineimaging.com

Agency Contact: Mary Collins (903) 533-5264 Mary.Collins@dshs.texas.gov

PCS Contact: Sheana Prince, CTDC (512) 406-2548 Sheana.Prince@hhs.texas.gov

1-1	Supplier Part #: 633808121662-TS21 Wlr8950 Ccd Lr Barcode Scanner with Usb Contract #: TXMAS-21-84001 NIGP Code: 20488	204-88	1.00	EA	224.91000	\$224.91	05/22/2023
					Schedule Total	\$224.91	

**Dispatch via Print** 

## **Department of State Health Services**

## **Purchase Order**

<b>D</b> (77		<b>a</b>				Dispa	atch via Print
Payment T Net 30	Yerms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-0	000315268
specificatio	d by informal bid, Invitation for Offer, or Reons, terms, and conditions set forth in the advo	ertisement and ve	endor's	<b>Date</b> 04/21/23	Revision		Page 2
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:			'H SERVICES		
Vendor:	1208159365 4 DIVINE IMAGING INC 21323 PACIFIC COAST HWY STE 10 MALIBU CA 902655202 <b>United States</b>	01		Bill To:	Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934' Austin TX 787. United States	T OF STATE HEALT t (RBB) 7	'H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs	.texas.gov	
				Purchaser:	Prince,Shean		12/406-2548
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item Total	for Line 1	\$224.91	
2-1	Supplier Part #: KDBE3016G-T9 16gb Fingerprint Encrypted Usb Contract #: TXMAS-21-84001 NIGP Code: 20432	204-32	6.00	EA	133.59000	\$801.54	05/22/2023
				Sch	edule Total	\$801.54	<u>.</u>
				Item Total	for Line 2	\$801.54	
				Total I	PO Amount	\$1,026.45	]

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	
Sheana Prince, CTCD	<u>04/21/2023</u>

**Dispatch via Print**