# **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3	-0000315315
specification	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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision	<b>Page</b> 1
guarantees g requirements All shipmen				6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 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 HEA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Alvarado, Veronica **Purchaser:** 

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

FY23 Purchase / Requisition #0000225345

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

Delivery: 10 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

Quote #: Shopping Cart

Agency Contact: Ellison Taylor @ 864-525-1936 ellison.taylor@dshs.texas.gov

Purchaser:

Veronica Alvarado @ 512-406-2505 Veronica.Alvarado@hhs.texas.gov

VENDOR:

**ODP Business Solutions** Richard Merten @ 832-477-6118 stateoftexas@officedepot.com

OMNIA GPO and DSHS Contract #

OMNIA GPO and ODP Business Solutions Contract

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

1-1 620-80 2.00 EA 29.60000 \$59.20 05/08/2023

Sharpie S Gel Pens, Bold Point, 1.0 mm, BlackBarrel, Black Ink, Pack Of 36

Pens; Item #8014288

Schedule Total \_\_\_

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Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000315315	
specifications, terms	rmal bid, Invitation for Offer, or I	dvertisement and vendor's	<b>Date</b> 04/24/23	Revision Page	
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All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	spondence must be identified		Austin TX 78756 United States	
¥7. 1. 10/	(21717000		D:11 /F	Laurian DCHC Eirani Claima	

**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

				Purc	chaser: Alvarado, Vero	nica	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
					Item Total for Line 1	\$59.20	
2-1	Sharpie Accent Tank Highlighers; Yellow Highlighters; Item #806849	620-90	4.00	EA	20.64000	\$82.56	05/08/2023
					Schedule Total	\$82.56	
					Item Total for Line 2	\$82.56	
3-1	Sharpie® Accent® Highlighters, Fluorescent Pink,Pack Of 12; Item #203141	620-90	2.00	EA	6.86000	\$13.72	05/08/2023
					Schedule Total	\$13.72	
					Item Total for Line 3	\$13.72	
4-1	Sharpie® Accent® Highlighters, Fluorescent Green,Pack Of 12; Item #203182	620-90	3.00	EA	6.86000	\$20.58	05/08/2023
					Schedule Total	\$20.58	
					Item Total for Line 4	\$20.58	
5-1	Sharpie® Accent® Highlighters, Fluorescent Orange,Pack Of 12; Item #257391	620-90	3.00	EA	6.86000	\$20.58	05/08/2023
					Schedule Total	\$20.58	
					Item Total for Line 5	\$20.58	
6-1	Dry Erase Markers, Ultra-Fine Point, Assorted Colors, Pack of 8; Item #755218	620-90	6.00	EA	14.99000	\$89.94	05/08/2023

# **Department of State Health Services**

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Ship Via

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specifications conforming r guarantees go requirements All shipment		ertisement and ver		Date	Revision		Page
guarantees go requirements All shipment			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				3
with our Pu		Ship To:	HEALTH & H 1111 W North	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756			
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States			Bill To:	Bill To:  Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		LTH SERVICES
				Fax: Email:	512/458-7442 invoices@dshs	s.texas.gov	
				Purchaser:	Alvarado,Ver	onica	
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				s	Schedule Total	\$89.94	
				Item To	otal for Line 6	\$89.94	
				Tota	al PO Amount	\$286.58	

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	
Veronica Alvarado, CTCV, CTCM	04/24/2023