Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000315328
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			Date 04/24/23	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 with our Purchase Order Number.		Ship To:	1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES 2521 W Front St Tyler TX 75702 United States	
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 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: Email:	512/458-7442 invoices@dshs.texas.gov
			Purchaser:	Breest,Maria Ana

Quantity

UOM

PO Price

Extended Amt

\$6,646.56

Due Date

SP/E - Spot Purchase Up to \$10,000.00 885/94

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

Inventory Item ID - Line Description

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

Class/Item

****SEND INVOICES TO: Invoices@dshs.texas.gov *****

AGENCY CONTACT:

Lead Contact: Mary Collins

Lead Contact Email: mary.collins@dshs.texas.gov

Lead Contact Phone: 903-533-5264

HHSC BUYER:

Line-Sch

Ana Breest, CTCD, CTCM

512-406-2679

ana.breest@hhs.texas.gov

VID:190099998808 South Central Supply

sales@supplytexas.com

512-367-0311 Quote: Q17232

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, 2023

Requisition: 0000225517

1-1	Lamotte WaterLink Commercial Spink Touch Mobile Lab With Carrying Case	885-94	6.00	EA	1107.76000	\$6,646.56	04/24/2023
					Schedule Total	\$6,646.56	

Please contact Sharon.amoragrammer@dshs.texas.gov for any questions or concerns. Item Total for Line 1

Department of State Health Services

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Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To:	DEPARTMEN' 1100 W 49th St PO Box 149347	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:	Breest,Maria A	Ana		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
2-1	LaMotte Chlorine/Bromine 10 Factor Disk - Pack of 100	045-94	1.00	EA	308.24000	\$308.24 04/24/2023		
				S	chedule Total	\$308.24		
Please contac	ct sharon.amoragrammer@dshs.texas.gov fo	r any questions,	concerns or p		tal for Line 2	\$308.24		

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

MBYLIST CTCD, CTGM

04/24/2023

\$6,954.80

Total PO Amount