Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	3-0000315335	
specifications, terms	rmal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 04/24/23	Revision Page 1		
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:	5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH SERVICES 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States			
Vendor: 186	52161688 9		Bill To:	Terrell SH Whse		

ODP BUSINESS SOLUTIONS LLC

PO BOX 660113 DALLAS TX 75266-0113

United States

HEALTH & HUMAN SERVICES COMMISSION

1200 E Brin PO Box 70 Terrell TX 75160 United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Breest, Maria Ana

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

FY23 Purchase / Requisition #: 0000221866

** VENDORS SEND INVOICES VIA EMAIL TO: tonya.owen@hhs.texas.gov**

Procurement Type: EX-0 Not to Exceed \$10,000.00

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 10 days After Receipt of PO

Contract: R190303 Account:46319643

Pricing based on shopping cart

Agency Contact:

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO ***

Lead Contact (Program SME) Name: Tonya Owen Lead Contact Email: tonya.owen@hhs.texas.gov

Lead Contact Phone: 940-689-5573

Contract Manager Name: Drew Hardy, CTCM Contract Manager Email: drew.hardy2@hhs.texas.gov

Contract Manager Phone: 940-552-4055

Warehouse: Please deliver to Admin Bldg 504 WF Campus Tonya Owen RM 141

Purchaser:

Ana Breest, CTCD,CTCM

512-406-2679

ana.breest@hhs.texas.gov

Vendor Information: 1862161688

Requirement / Limitations:

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

1-1 785-25 2.00 EA 445.59000 \$891.18 04/24/2023

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\$891.18

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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				
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Vendor:	Vendor: 1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	HEALTH & HU 1200 E Brin PO Box 70	Terrell SH Whse HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160			
				Email:	DSHS.TSHBus	inessOffice@dshs.texas.gov		
				Purchaser:	Breest,Maria <i>F</i>			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
	Marker Unframed Whiteboard, 72" x 48", Black Item # 191009 Entered Item # 191009							
				S	chedule Total	\$891.18		

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

MBHUST CTCD, CTCM

04/26/2023

Item Total for Line 1

Total PO Amount