

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-3-0000315337 |
| 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. | | | Date 04/24/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 1 |
| | | Ship To: | 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States |

Vendor: 1862161688 9
ODP BUSINESS SOLUTIONS LLC
PO BOX 660113
DALLAS TX 75266-0113
United States

Bill To: Terrell SH Whse
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 #: 0000222597
** VENDORS SEND INVOICES VIA EMAIL TO: meagan.gilbert@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: Meagan Gilbert
Lead Contact Email: meagan.gilbert@hhs.texas.gov
Lead Contact Phone: 940-689-5651

Contract Manager Name: Drew Hardy, CTCM
Contract Manager Email: drew.hardy2@hhs.texas.gov
Contract Manager Phone: 940-552-4055

Warehouse: Please deliver to Building 508 - Meagan Gilbert

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.

Health and Human Services Commission

Purchase Order

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| | | | |
|--|---|-----------------------------|--|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000315337 |
| 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. | | | Date 04/24/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 2 |
| | | | Ship To: 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States |

Vendor: 1862161688 9
ODP BUSINESS SOLUTIONS LLC
PO BOX 660113
DALLAS TX 75266-0113
United States

Bill To: Terrell SH Whse
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 |
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

Enclosed Bulletin Board, 36in H x
72inW, 3 Doors; Item # 920157

Schedule Total \$871.99

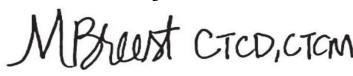
Item Total for Line 1 \$871.99

Total PO Amount \$871.99

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.

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|--|-------------------|
| Authorized By  | 04/26/2023 |
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