Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕ	TX-3-0000315439	
specification	by informal bid, Invitation for Offer, or R is, terms, and conditions set forth in the advantage of the set of	vertisement and vendor's	Date 04/24/23			
guarantees g requirements All shipmen	responses become a part of this numbered gods or services delivered meet or exceed s. ats, shipping papers, invoices, and corresurchase Order Number.	numbered purchase order	Ship To:			
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	Invoice-DSHS Accounts I DEPARTMENT OF STA 1200 E Brin PO Box 70 Terrell TX 75160	Payable TE HEALTH SERVICES	

Fax: 972/551-8052

United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

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

SEND INVOICES VIA EMAIL TO dshs.tshbusinessoffice@dshs.texas.gov

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

DELIVERY: 5 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

AGENCY CONTACT: Marisa Gamboa 915-782-6575 marisa.gamboa@hhs.texas.gov

Ship to Attn: Marisa Gamboa

Please deliver to El Paso SSLC Bldg. 502

HHSC BUYER:

Oluwaseyi Omisore, CTCD, CTCM

512-776-4242 Oluwaseyi.Omisore@hhs.texas.gov

VENDOR: ODP Business Solutions

561-438-4800 StateofTexas@officedepot.com

QUOTE: Price from vendor website

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, 2022

Requisition 0000227552

1-1 615-45 2.00 BX 86.99000 \$173.98 05/12/2023

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specifications, terms	rmal bid, Invitation for Offer, or R s, and conditions set forth in the ad	vertisement and vendor's	Date 04/24/23	Revision	Pag		
	es become a part of this numbered services delivered meet or exceed		Ship To:	5950 - El Paso:6700 HEALTH & HUMAN 6700 Delta Dr	HUMAN SERVICES COMMISSION		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	spondence must be identified		6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States	r 9905		
Vendor: 180	52161688 9		Bill To:	Invoice-DSHS Accou	ınts Payable		

ODP BUSINESS SOLUTIONS LLC

PO BOX 660113 DALLAS TX 75266-0113

United States

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

972/551-8052 Fax:

DSHS.TSHBusinessOffice@dshs.texas.gov Email:

						Oluwaseyi Samue 5	12/776-4242
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Item #768175. Smead pressboard legal size folders						
					Schedule Total	\$173.98	
					Item Total for Line 1	\$173.98	
2-1	Item# 593247. Brother label maker PTM95.	605-30	1.00	EA	25.92000	\$25.92	05/12/2023
					Schedule Total	\$25.92	
					Item Total for Line 2	\$25.92	
3-1	Item #239400. Brother TZe-231 black on white tape	605-30	2.00	EA	11.56000	\$23.12	05/12/2023
					Schedule Total	\$23.12	
					Item Total for Line 3	\$23.12	
4-1	Item #1397674. Letter size folders assorted colors.	615-45	1.00	BX	12.45000	\$12.45	05/12/2023
					Schedule Total	\$12.45	
					Item Total for Line 4	\$12.45	
5-1	Item #767841. Smead file folders, blue.	615-45	1.00	BX	37.29000	\$37.29	05/12/2023
					Schedule Total	\$37.29	
					Item Total for Line 5	\$37.29	
6-1	Item #837558. Reinforcement labels	615-51	2.00	BX	4.99000	\$9.98	05/12/2023

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specification	d by informal bid, Invitation for Offer, or Real by informal bid, Invitation for Offer, or Real by the state of the state	ertisement and vendor's	Date 04/24/23	Revision		Page 3
guarantees g requirement All shipmer	onforming responses become a part of this numbered purchase order. Contractor uarantees goods or services delivered meet or exceed numbered purchase order equirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. Ship To: 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICE: 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States				COMMISSION	
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	Invoice-DSHS Accounts DEPARTMENT OF STA 1200 E Brin PO Box 70 Terrell TX 75160 United States		SERVICES
			Fax: Email:	972/551-8052 DSHS.TSHBusinessOffic	ce@dshs.texas	.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item Ouantity	Purchaser:	Omisore,Oluwaseyi Sa	amue 512 tended Amt	2/776-4242 Due Date
Line-Scii	inventory teni ib - Line Description	Class/Item Quantity		edule Total	\$9.98	Due Date
			Item Total	for Line 6	\$9.98	

		Schedule Total					
	\$9.98	Item Total for Line 6					
05/12/2023	\$33.08	16.54000	EA	2.00	605-67	Item #203524. 3 hole punch	7-1
	\$33.08	Schedule Total					
	\$33.08	Item Total for Line 7					
	\$315.82	Total PO Amount					

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

Oluwaseyi Omicore CTCD CTCM

05/05/2023