Department of State Health Services

Purchase Order

Payment To Net 30	Prepaid & Allow	Ship V BEST V	WAY	Purchase Order	Revision	HSTX-3-00	
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.				Date 04/27/23	RevisionPage6694- Austin:1111 W North LoopHEALTH & HUMAN SERVICES COMMISSION1111 W North LoopAustin TX 78756United States		
				Ship To:			
Vendor:	1522418852 2 HD SUPPLY FACILITIES MAINTENANCE LTD PO BOX 509058 SAN DIEGO CA 921509058 United States		Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		SERVICES		
				Fax: Email:	512/458-7442 invoices@dshs.texa	s.gov	
				Purchaser:	Rodriguez,Linda	512	2/406-2533
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	UOM	PO Price	Extended Amt	Due Date

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

DELIVERY: 10-15 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 #: 43939745, attached

AGENCY CONTACT: Scott Johnson @ 512-776-2835 Scott.Johnson@dshs.texas.gov

HHSC BUYER: Linda Rodriguez @ 512-406-2533 Linda.Rodriguez3@hhs.texas.gov

VENDOR: HD Supply Facilities Maintenance Robin Barton @ 512-457-9004 Robin.Barton@hdsupply.com

OMNIA GPO and DSHS Contract # HHS000918300001

OMNIA GPO and HD Supply Contract # 16154

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Purchasing Method: EX/0
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.
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Requirements/Limitations: This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Requisition # 222379

Include P.O. Number on Packing Slips, Cartons, Cartons, Packages, Bundles, etc.

1	_	1

850-60 Item # 845168001175 - Clean Rest fitted waterproof mattress covers, TWIN, case of 4. 261.00 EA

77.00000

Dispatch via Print

Department of State Health Services

Purchase Order

						Dispa	tch via Print	
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Vendor:	1522418852 2 HD SUPPLY FACILITIES MAINTEN PO BOX 509058 SAN DIEGO CA 921509058 United States	ANCE LTD		Bill To:	Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	OF STATE HEALT (RBB)	H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.tv	exas.gov		
				Purchaser:	Rodriguez,Lind		12/406-2533	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
					Schedule Total	\$20,097.00		
				Item 7	Fotal for Line 1	\$20,097.00		
2-1	Item # 845168001755 - CLEAN REST Pro Encasement Polyester Standard Pillow Protector 20x26 (4 ca)	850-60	261.00	EA	33.71000	\$8,798.31	05/19/2023	
					Schedule Total	\$8,798.31		
				Item Total for Line 2\$8,798.31				
				To	otal PO Amount	\$28,895.31		

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	
finde Rodriguez, CTCD, CTCM	<u>04</u>

<u>04/28/2023</u>