Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	s Freight Terms	Ship Via		11110TV 0 00000450	300
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-00003158	369
specifications, te	informal bid, Invitation for Offer, or Ferms, and conditions set forth in the ac	lvertisement and vendor's	Date 04/28/23	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.			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop	
	shipping papers, invoices, and corre ase Order Number.	spondence must be identified		Austin TX 78756 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	3
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Purchaser: Vasquez lii,Richard

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

SP/E

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

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT:

HHSC BUYER: RICHARD VASQUEZ RICHARD.VASQUEZIII@HHS.TEXAS.GOV 512-639-7327

VENDOR: South Central Supply 828 Betterman Drive Pflugerville Texas 78660 VID: 1900999880800 sales@supplytexas.com (512) 367 - 0311

QUOTE 17506

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 # 221380

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00315869	HHSTX-3-00		Purchase Order		Ship V BEST	Freight Terms Prepaid & Allow	Payment To Net 30
Page 2		Revision	Date 04/28/23	dvertised by informal bid, Invitation for Offer, or Request for Proposal; all ecifications, terms, and conditions set forth in the advertisement and vendor's			specification
6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States			Ship To:	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.			
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	s.texas.gov	512/458-7442 invoices@dshs.te	Fax: Email:				
	ichard	Vasquez lii,Rich	Purchaser:				
Due Date	Extended Amt	PO Price	UOM	Quantity	Class/Item	entory Item ID - Line Description	Line-Sch
05/12/2023	\$277.98	138.99000	EA	2.00	600-95	CCUM ,W/MICRO CLEAN, VMDV1BA	1-1
	\$277.98	edule Total	Sche				
		for Line 1	Item Total				
	\$277.98						

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	
Ruled Vargue of creo, crem	
	04/28/2023
	04/28/2023