Department of State Health Services

Purchase Order

		i di olla			Dispa	tch via Prin
Payment Term Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	нн	•	00031607
If advertised by specifications,	y informal bid, Invitation for Offer, or I terms, and conditions set forth in the ad	Request for Proposal; all dvertisement and vendor's	Date 05/02/23	Revision		Pag
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 Austin TX 78756 United States			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						1
Vendor:	1270091042 0 M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943 United States		Bill To:	Invoice-DSHS Fiscal d DEPARTMENT OF S 1100 W 49th St (RBB PO Box 149347 Austin TX 78756 United States	TATE HEALT	H SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.g	;ov	
			Purchaser:	Breest,Maria Ana		
Line-Sch I	nventory Item ID - Line Description	Class/Item Quantit			Extended Amt	Due Date
AGENCY CO						
	: robert.gomez3@hhs.texas.gov					
HHSC BUYEF Ana Breest, C 512-406-2679 Ana.breest@f	CTCD, CTCM					
VENDOR: MA Global, LL Karim Mikhail (760) 559-69 Info@cartridg						
Procurement i contract.	G METHOD: CP/X methods were evaluated, and the b	est value is provided using	the TXMAS			
Term:3.21.22/ Smartbuy PO: REQUIREME This PO is cor Legislature. F	23147067 NTS/LIM ITATIONS: ntingent upon the continued availab Y2023 funding. I TAC §20.487, amended effective		by the Texas			

Department of State Health Services

Purchase Order

					Dispat	tch via Print
Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-00	00316079
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Vendor:	1270091042 0 M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943 United States		Bill To:	Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934 Austin TX 787 United States	T OF STATE HEALTH (RBB) 7	I SERVICES
			Fax: Email:	512/458-7442 invoices@dshs	s.texas.gov	
			Purchaser:	Breest,Maria	Ana	
Line-Sch Ir	ventory Item ID - Line Description	Class/Item Quar	ntity UOM	PO Price	Extended Amt	Due Date
Rolls, Paper, Thermal			Sche	dule Total	\$225.90	
			Item Total	Item Total for Line 1 \$225.90		
			Total P	O Amount	\$225.90	

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	
MBreast CTCD, CTCM	
	<u>05/03/2023</u>