#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000316113 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 05/02/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 5665 - Seguin:312 S Saunders St guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 312 S Saunders St All shipments, shipping papers, invoices, and correspondence must be identified Seguin TX 78155 with our Purchase Order Number. United States Vendor: 1862161688 9 Bill To: Invoice-DSHS Fiscal Claims ODP BUSINESS SOLUTIONS LLC DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO BOX 660113 DALLAS TX 75266-0113 PO Box 149347 United States Austin TX 78756 United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: Breest, Maria Ana **Purchaser:** UOM PO Price Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **Extended Amt Due Date** FY23 CLASS ITEM 616/33 SCOR Division: 19 - State Operated Facilities SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY: 3-5 Davs 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 \*\*PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO: invoices@dshs.texas.gov\* AGENCY CONTACT: \*\*\*PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO \*\*\* Contact: George Diaz Phone: 210-949-2168 Email: george.diaz@dshs.texas.gov HHSC BUYER: Ana Breest CTCD.CTCM Direct: 512) 406-2679 CELL 512-660-3139 Ana.Breest@hhs.texas.gov VENDOR: **ODP Business Solutions, LLC** VID: 1862161688 **Richard Merten** (832) 477-6118 richard.merten@odpbusiness.com TERMS NET 30 QUOTE PRICED PER DEDICATED WEBSITE Omnia and ODP Contract Number R190303 Omnia Office Depot HHS Account Number # 46319643 PURCHASING METHOD: EX-0 Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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, 2023

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If advertised	Prepaid & Allow BEST WAY informal bid, Invitation for Offer, or Request for Proposal; all erms, and conditions set forth in the advertisement and vendor's		al; all	Purchase Order Date R 05/02/23		vision		Page 2
specifications, terms, and conductors set form 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.					To: 566 DE 312 Seg	5665 - Seguin:312 S Saunders St DEPARTMENT OF STATE HEALTH SERVICES 312 S Saunders St Seguin TX 78155 United States		
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 <b>United States</b>			Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEAI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		OF STATE HEALT	.TH SERVICES	
						512/458-7442 invoices@dshs.texas.gov		
				Purch	naser: Bre	est,Maria An	а	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		Price	Extended Amt	Due Date
1-1	Realspace® 6-Compartment Rotary Desk Organizer With Antimicrobial Treatment, 4-5/8"H x 5-13/16"W x 5-13/16"D, Gray Item # 8093471 Entered Item # 8093471	616-33	1.00	EA	Schedule	77000 Total		05/02/2023
2-1	Brand 5-tier Horizontal Desk Organizer, Letter Size Granite, Item # 698227,	616-33	1.00	EA		ine 1 19000 Total	\$45.49	05/02/2023
3-1	Paper tray letter size, Black faux Item	616-33	2.00	EA	Item Total for L	<b>ine 2</b>	\$45.49 \$29.54	05/02/2023
	672223				Schedule	Total	\$29.54	
4.1		105.00			Item Total for L			05/00/2022
4-1	Monitor stand, Black Item 8600506	425-20	1.00	EA		59000 Total	\$28.59 \$28.59	05/02/2023

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specification	informal bid, Invitation for Offer, or Request for Proposal; all erms, and conditions set forth in the advertisement and vendor's ponses become a part of this numbered purchase order. Contractor		endor's	<b>Date</b> 05/02/23	Revision	Revision	
guarantees g requirements All shipmen	oods or services delivered meet or exceed m	Ship To:		in TX 78155 ed States ARTMENT OF STATE HEALTH SERVICES W 49th St (RBB) Box 149347 in TX 78756			
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 <b>United States</b>		Bill To:				Invoice-DSHS F DEPARTMENT
				Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov	
				Purchaser:			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item	Total for Line 4	\$28.59	
5-1	Plastic container, really useful box, item 507990	100-06	4.00	EA	17.12000	\$68.48	05/02/2023
					Schedule Total	\$68.48	
				Item	Total for Line 5	\$68.48	
6-1	Handprint border, 3X36, pack of 8, item 24792	630-95	1.00	EA	4.49000	\$4.49	05/02/2023
					Schedule Total	\$4.49	
				Item	Total for Line 6	\$4.49	
7-1	X-cube storage organizer, Item 819009	616-72	1.00	EA	25.09000	\$25.09	05/02/2023
					Schedule Total	\$25.09	
				Item	Total for Line 7	\$25.09	
8-1	5 compartment mesh organizer, Item 499341	616-72	1.00	EA	35.59000	\$35.59	05/02/2023
	17771				Schedule Total	\$35.59	
				Item	Total for Line 8	\$35.59	

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Date   Revision   Page     05/02/23   4		vertisement and vendor's	ormal bid, Invitation for Offer, or Rec s, and conditions set forth in the adve	specifications, terms
Ship To: 5665 - Seguin:312 S Saunders St   DEPARTMENT OF STATE HEALTH SERVICES   312 S Saunders St   Seguin TX 78155   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.		
Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	DEPARTMENT OF STATE HEALTH 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756		Vendor: 1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States	
Fax:512/458-7442Email:invoices@dshs.texas.gov				
Purchaser: Breest, Maria Ana	Purchaser:			
UOM PO Price Extended Amt Due Date	UOM	Class/Item Quantity	ntory Item ID - Line Description	Line-Sch Inver

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	
MBRUNT CTCD, CTCM	05/02/2023

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