Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	C	Ship Via		пп64.	3-0000316358	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order			
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			Date 05/04/23	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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	Vendor: 1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 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		

Fax: 512/458-7442 invoices@dshs.texas.gov **Email:**

Manning, Charles Purchaser: **Inventory Item ID - Line Description** Line-Sch Class/Item **UOM** PO Price Quantity **Extended Amt Due Date**

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

DELIVERY: 3-5 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

QUOTE #: Online Quote from ODP

AGENCY CONTACT: Joe Rodriguez 512-776-3223 Richard.Rodriguez4@dshs.texas.gov

HHSC BUYER:

512-776-6840 charles.manning@hhs.texas.gov

VENDOR: **ODP Business Solutions** 713-878-2158

Charles Manning, CTCD

stateoftexas@officedepot.com

OMNIA GPO and ODP Business Solutions Contract # R190303

OMNIA GPO and DSHS Contract # HHS000918300001

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, 2022

Requisition 221571

1-1 203-72 3.00 EA 28.81000 \$86.43 05/04/2023

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				Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
				Purchaser:	Manning,Cha	ırles	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sch	edule Total	\$86.43	
Printer Cart	ridges are for Director of Accounting Leslie	Aguilar's printer.		Item Total	for Line 1	\$86.43	
				Total F	PO Amount	\$86.43	

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.

Payment Terms

Net 30

Freight Terms

Prepaid & Allow

Authorized By

Charle Mag

CTCO

05/04/2023