

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000316444
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.			Date 05/05/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

Vendor: 1411833619 8
PATTERSON DENTAL SUPPLY INC
12625 WETMORE RD STE 103
SAN ANTONIO TX 782473609
United States

Bill To: Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Perez,Aurora Dianne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 1-30 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:
Stacey M Dann
940-552-4157
Stacey.dann@hhs.texas.gov

HHSC BUYER:
Dianne Perez, CTCD
512-406-2493
Dianne.perez@hhs.texas.gov

VENDOR:
Patterson Dental Supply
817-305-4200
Landon.comer@pattersondental.com

QUOTE Product Proposal

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 233803

1-1	Item # 71050632 Cavitron 300 Series Ultra Scal System	260-53	1.00	EA	3477.05000	\$3,477.05	05/15/2023
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

Vendor: 1411833619 8
PATTERSON DENTAL SUPPLY INC
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Bill To: Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Perez, Aurora Dianne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Schedule Total						\$3,477.05	
Item Total for Line 1						\$3,477.05	
2-1	FY23 Cavatron 300 Series Ultra Scal System - Shipping	962-86	1.00	EA	20.00000	\$20.00	05/15/2023
Schedule Total						\$20.00	
Item Total for Line 2						\$20.00	
Total PO Amount						\$3,497.05	

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

Diane Perez, CTCO

05/05/2023