

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000317019
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 05/11/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States
			Page 1

Vendor: 1911826022 3
PRORIDER INC
PO BOX 4738
HOUSTON TX 772104738
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
Email: invoices@dshs.texas.gov

Purchaser: Angel, April Marie 512/406-2427

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: 7-10 Days After Receipt of PO

Open Hours: 8:00 to 11:30 and 1:00 to 4:30 PM, Closed for Lunch between 12:00 to 1:00, Monday thru Friday except designated State Holidays.

AGENCY CONTACT:
Agency Contact: Daniel Grajeda/Nancy Clinton
Phone: 915-503-9049/915-834-7675
Email: Daniel.Grajeda@dshs.texas.gov/Nancy.Clinton@dshs.texas.gov

HHSC BUYER:
April Angel, CTCD
512-406-2427
April.Angel@hhs.texas.gov

VENDOR:
Mona@prorider.com/Christina@prorider.com
253-216-0052/800-642-3123

PURCHASING METHOD: SP/E
CLASS/ITEM: 850/60; 465/78

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
-PAYABLES: Please send invoices to Betty.Hernandez@dshs.texas.gov cc Cynthia.Ortega@dshs.texas.gov-

Requisition 0000233186

1-1	5 Vent Toddler Helmet-Green	470-60	36.00	EA	10.95000	\$394.20	05/19/2023
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Schedule Total \$394.20

Item Total for Line 1 \$394.20

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2-1	10 Vent Bike Helmet-Blue-S/M	470-60	144.00	EA	2.95000	\$424.80	05/19/2023
Schedule Total						\$424.80	
Item Total for Line 2						\$424.80	
3-1	10 Vent Bike Helmet-Green-S/M	470-60	144.00	EA	2.95000	\$424.80	05/19/2023
Schedule Total						\$424.80	
Item Total for Line 3						\$424.80	
4-1	10 Vent Bike Helmet-Red-S/M	470-60	144.00	EA	2.95000	\$424.80	05/19/2023
Schedule Total						\$424.80	
Item Total for Line 4						\$424.80	
5-1	14V BLKEPS Bike Helmet-BLK-S/M	470-60	144.00	EA	2.95000	\$424.80	05/19/2023
Schedule Total						\$424.80	
Item Total for Line 5						\$424.80	
6-1	14V BLKEPS Bike Helmet-Red-L/XL	470-60	36.00	EA	2.95000	\$106.20	05/19/2023
Schedule Total						\$106.20	
Item Total for Line 6						\$106.20	
Total PO Amount						\$2,199.60	

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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

April Angel, CTCD

05/11/2023