

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000317263</b>
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.			<b>Date</b> 05/15/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 5/16/2023
			<b>Page</b> 1
			<b>Ship To:</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States

**Vendor:** 1862161688 9  
ODP BUSINESS SOLUTIONS LLC  
PO BOX 660113  
DALLAS TX 75266-0113  
United States

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Viktora,Kourtney Chrissanne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 14 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 when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

**AGENCY DELIVERY CONTACT:**

DARIN ADAMS  
903-533-4258  
darin.adams@hhs.texas.gov

HHSC BUYER:  
Kourtney Viktora  
(512)776-2692  
Kourtney.viktora@hhs.texas.gov

**VENDOR:**

Richard Merten  
richard.merten@odpbusiness.com  
(832) 477-6118  
for vendor email stateoftexas@officedepot.com

Please follow the Texas Comptrollers Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractors mailing and e-mail (if applicable) address;
- (2) the contractors telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agencys name, agency number, delivery address;
- (5) the state agencys purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

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SHIP TO LOCATION CODE: 3137Health and Human Services Commission3303 MINEOLA HWY., TYLER, TX 75702ATTENTION TO: DARIN ADAMS / 903-533-4258 / darin.adams@hhs.texas.gov

BILL TO LOCATION CODE: 3135Health and Human Services Commission  
302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04\_admin\_services@hhs.texas.gov

BACK UP SUPER USER: michelle.dawis@hhs.texas.gov 903-509-5143

SCOR DIVISION # 13 HHSC - System Support Services

FY23

OMNIA GPO and HHS Contract#: HHS000840200001  
Contract # R190303 expires 6/30/2024

PURCHASING METHOD: EX-0  
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 0000231109  
PO0000317263  
\*\*This PO is replacing PO0000315047\*\*

1-1	R04-Stanley Bostitch B5000 Desktop Staplers Black,Cont#-TXMAS-20- 7502,CommCd-60585,Supp#- 636445,Mfr#-636445-1855753,Mfr- Amax Inc	605-85	2.00	EA	14.79000	\$29.58	05/29/2023
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<b>Schedule Total</b>	\$29.58
<b>Item Total for Line 1</b>	\$29.58
<b>Total PO Amount</b>	\$29.58

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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.

<b>Authorized By</b> 	<b><u>05/16/2023</u></b>
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