Purchase Order

					Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0	
If advertised by infor specifications, terms,	mal bid, Invitation for Offer, or R and conditions set forth in the ad	Request for Proposal; all lvertisement and vendor's	Date 05/18/23	Revision		Page 1
guarantees goods or s requirements.	s become a part of this numbered services delivered meet or exceed bing papers, invoices, and corre Order Number.	numbered purchase order	Ship To:			OMMISSION
OFI DB 89 V NA	3085390 2 TCE IMAGES INC A OFFICE OXYGEN VASHINGTON AVE # K FICK MA 017603441 ted States		Bill To:			OMMISSION
			Fax: Email:	903 534 8487 paula.thurman	@hhsc.state.tx.us	
Line-Sch Invent	ory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	De La Rosa,l PO Price	Lindsey M Extended Amt	Due Date
SHIP TO LOCATIO Health and Human 3303 MINEOLA HV	ASER: please add the below to DN CODE: 3137 Services Commission VY., TYLER, TX 75702 AULA THURMAN / 903-509-5					
	N CODE: 3135 Services Commission ID, TYLER, TX 75703		-			
SEND INVOICES	O: reg04_admin_services@h	hs.texas.gov				
BACK UP SUPER	USER: michelle.dawis@hhs.te	exas.gov 903-509-5143				
SCOR DIVISION #	13 HHSC - System Support S	Services				
Include PO Numbe (a) To receive payr The invoice should	exas Comptroller's Invoicing s r on invoices, bills, receipts, bi nent, a contractor must submit include, but is not limited to in mailing and e-mail (if applicab	II lading, packing slips, and ba t an invoice to the State Agenc cluding:		or services.		

(4) the state agency's name, agency number, delivery address;

(5) the state agency's 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.

Notes to Purchaser: Add PCC code to PO copy, if any Please add Requisition number and SmartBuy Number on PO copy

For training purposes in Region 04. SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight Prepaid Allowed

Purchase Order

Payment Terms	Freight Terms	Ship Via			Dispatch via Prir
Net 30	Prepaid & Allow	BEST WAY	Purchase C	rder	HHSTX-3-000031767
specifications, terms,	mal bid, Invitation for Offer, or Req and conditions set forth in the adve	rtisement and vendor's		Revision	Pag
guarantees goods or s requirements.	s become a part of this numbered pu ervices delivered meet or exceed nu ing papers, invoices, and corresponder Order Number.	mbered purchase orde	r Smp 10:	3137 - Tyler:330 HEALTH & HUN 3303 Mineola Hw PO Box 5200 Tyler TX 75702 United States	MAN SERVICES COMMISSION
OFF DB4 89 V NA7	3085390 2 ICE IMAGES INC A OFFICE OXYGEN VASHINGTON AVE # K FICK MA 017603441 Seed States		Bill To:	Invoice-HHSC; R	egion 04 Headqu MAN SERVICES COMMISSION
			Fax: Email:	903 534 8487 paula.thurman@h	ihsc.state.tx.us
			Purchaser:	De La Rosa,Lind	deov M
Line-Sch Invent	ory Item ID - Line Description	Class/Item Qu	antity UOM	PO Price	Extended Amt Due Date
Health and Human 3303 MINEOLA HV	O LOCATION CODE: 3137 Services Commission /Y., TYLER, TX 75702 AULA THURMAN / 903-509-510 texas.gov	4 / Paula.thurman@	hhs.texas.gov		
VENDOR: Office Images rita@trainerswareh PURCHASING ME	buse.com				
Not to Exceed \$10, REQUIREMENTS/I This PO is continge	000.00 LIMITATIONS:		ions by the Texas Legis	slature. FY2023 funding	_
	nt upon the continued availabilit §20.487, amended effective Ma		,		g.

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase	Order	HHSTX-3-0	00031767
If advertised	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve	uest for Proposal	l; all	Date 05/18/23	Revision		Pag
conforming responses become a part of this numbered purchase order guarantees goods or services delivered meet or exceed numbered purc requirements. All shipments, shipping papers, invoices, and correspondence mu- with our Purchase Order Number.		rchase order. Contractor mbered purchase order		Ship To:	HEALTH & HU 3303 Mineola H PO Box 5200	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States	
Vendor:	1043085390 2 OFFICE IMAGES INC DBA OFFICE OXYGEN 89 WASHINGTON AVE # K NATICK MA 017603441 United States			Bill To:			OMMISSION
				Fax: Email:	903 534 8487 paula.thurman@	hhsc.state.tx.us	
				Purchaser:	De La Rosa,Li	ndsev M	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
(10) if subm (11) other re	bers corresponding to the amount of the itting an invoice after receiving an assig elevant information supporting and expla #233804	nment of a cont			contractor and the TIN	I of the successor ve	endor;
(10) if subm (11) other re Requisition :	itting an invoice after receiving an assig elevant information supporting and expla	nment of a cont			contractor and the TIN 39.95000	l of the successor ve	endor; 05/21/2023
(10) if subm (11) other re Requisition :	itting an invoice after receiving an assig elevant information supporting and expla	nment of a cont iining the payme	ent requeste	ed.		\$79.90	
(10) if subm (11) other re Requisition : 1-1	itting an invoice after receiving an assig elevant information supporting and expla #233804	nment of a cont iining the payme	ent requeste	ed.	39.95000	\$79.90	
(10) if subm (11) other re Requisition = 1-1 PLEASE SEI	itting an invoice after receiving an assig elevant information supporting and expla #233804 R04 - Helium Stick, Item# GAMEHLM	nment of a cont iining the payme	ent requeste	ed.	39.95000 Schedule Total	\$79.90 \$79.90	
(10) if subm (11) other re Requisition : 1-1 PLEASE SEI	itting an invoice after receiving an assig elevant information supporting and expla #233804 R04 - Helium Stick, Item# GAMEHLM E ATTACHED QUOTE.	nment of a cont iining the payme 430-51	2.00	EA Item	39.95000 Schedule Total Total for Line 1	\$79.90 \$79.90 \$79.90 \$65.00	05/21/2023
(10) if subm (11) other re Requisition = 1-1 PLEASE SEI	itting an invoice after receiving an assig elevant information supporting and expla #233804 R04 - Helium Stick, Item# GAMEHLM E ATTACHED QUOTE.	nment of a cont iining the payme 430-51	2.00	EA EA EA	39.95000 Schedule Total Total for Line 1 3.25000	\$79.90 \$79.90 \$79.90 \$65.00 \$65.00	05/21/2023
(10) if subm (11) other re Requisition = 1-1 PLEASE SEI 2-1	itting an invoice after receiving an assig elevant information supporting and expla #233804 R04 - Helium Stick, Item# GAMEHLM E ATTACHED QUOTE.	nment of a cont iining the payme 430-51	2.00	EA EA EA	39.95000 Schedule Total Total for Line 1 3.25000 Schedule Total	\$79.90 \$79.90 \$79.90 \$65.00 \$65.00	05/21/2023
(10) if subm (11) other re Requisition = 1-1 PLEASE SEI 2-1	 R04 - Helium Stick, Item# GAMEHLM R04 - Kudos Mints, Item# LRNMINK R04 - I Noticed Pads - Appreciation 	nment of a cont iining the payme 430-51 393-34	2.00 20.00	EA EA EA Item	39.95000 Schedule Total Total for Line 1 3.25000 Schedule Total Total for Line 2	\$79.90 \$79.90 \$79.90 \$65.00 \$65.00 \$65.00 \$39.90	05/21/2023 05/21/2023 05/18/2023
(10) if subm (11) other re Requisition = 1-1 PLEASE SEI 2-1	 R04 - Helium Stick, Item# GAMEHLM R04 - Kudos Mints, Item# LRNMINK R04 - I Noticed Pads - Appreciation 	nment of a cont iining the payme 430-51 393-34	2.00 20.00	EA EA EA Item EA	39.95000 Schedule Total Total for Line 1 3.25000 Schedule Total Total for Line 2 19.95000	\$79.90 \$79.90 \$79.90 \$65.00 \$65.00 \$65.00 \$39.90 \$39.90	05/21/2023 05/21/2023 05/18/2023
 (10) if subm (11) other re Requisition = 1-1 PLEASE SEI 2-1 3-1 	 R04 - Helium Stick, Item# GAMEHLM R04 - Kudos Mints, Item# LRNMINK R04 - I Noticed Pads - Appreciation 	nment of a cont iining the payme 430-51 393-34	2.00 20.00	EA EA EA Item EA	39.95000 Schedule Total Total for Line 1 3.25000 Schedule Total Total for Line 2 19.95000 Schedule Total 19.95000	\$79.90 \$79.90 \$79.90 \$65.00 \$65.00 \$65.00 \$39.90 \$39.90	05/21/2023 05/21/2023 05/18/2023
(10) if subm (11) other re Requisition : 1-1	 an invoice after receiving an assigned evant information supporting and explain evaluation supporting and explain evaluation supporting and explain evaluation and explain evaluation and explain evaluation with the evaluation of the evalu	nment of a cont ining the payme 430-51 393-34 785-73	2.00 20.00 2.00	EA EA EA Item EA Item	39.95000 Schedule Total Total for Line 1 3.25000 Schedule Total Total for Line 2 19.95000 Schedule Total Total for Line 3	\$79.90 \$79.90 \$79.90 \$65.00 \$65.00 \$65.00 \$39.90 \$39.90 \$39.90 \$39.90	05/21/2023 05/21/2023 05/18/2023

Purchase Order

					Dispatch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Orde	r	HHSTX-3-0000317672
specifications	by informal bid, Invitation for Offer, or Real, terms, and conditions set forth in the advert	ertisement and vendor's	Date 05/18/23	Revision	Page 4
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 10:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States		
Vendor:	1043085390 2 OFFICE IMAGES INC DBA OFFICE OXYGEN 89 WASHINGTON AVE # K NATICK MA 017603441 United States		Bill To:		Region 04 Headqu IMAN SERVICES COMMISSION
			Fax: Email:	903 534 8487 paula.thurman@	hhsc.state.tx.us
			Purchaser:	De La Rosa,Lir	<u>,</u>
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	ntity UOM	PO Price	Extended Amt Due Date
			Total 1	PO Amount	\$193.49

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	
Linosuy) De La Rova	05/18/2023