Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Payment T Net 30	Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order	ł	HHSTX-3-0000318069	
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Date 05/23/23 Ship To:	RevisionPage15950 - El Paso:6700 Delta DrHEALTH & HUMAN SERVICES COMMISSION6700 Delta Dr6700 Delta DrEl Paso TX 79905United States		
Vendor:	1113136595 6 HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSIO 2501 Maple St PO Box 451 Abilene TX 79602 United States		
				Fax: Email:	325/795-3807 710Accounting@hl	hsc.state.tx.us	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Torres, Joseph Ry PO Price	yan 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

AGENCY CONTACT: EI Paso SSLC Pete Monarez, WHSE Supvr. 915-782-6475 pete.monarez@hhs.texas.gov HHSC BUYER: Joseph Torres, CTCD 512-406-2413 Joseph.Torres@HHS.Texas.Gov VENDOR: Henry Schein Customer Service 800-851-0400 specialmarkets@henryschein.com

FY23 MMCAP GPO and HHS Contract #: HHS000626500001

MMCAP GPO and Henry Schein Contract #: MMS1900135

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 MIM2316645; Line(s): 45

652-85

12.00 CS

Dispatch via Print

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guarantees g		Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr				
	nts, shipping papers, invoices, and corresp urchase Order Number.	ondence must be identified		6700 Delta Dr El Paso TX 79905 United States			
Vendor:	1113136595 6 HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834 United States		Bill To: Invoice - DADS HEALTH & HUMAN SERVICES 2501 Maple St PO Box 451 Abilene TX 79602 United States		z HUMAN SERVICES CO St 79602	COMMISSION	
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us			
			Purchaser:	Torres,Jos	eph Ryan		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date	
	3.30Z HSCHN 5430223 24/CS COLG						
			Sche	dule Total	\$227.52		
			Item Total	for Line 1	\$227.52		
			Total P	O Amount	\$227.52		

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 Joseph Forms, CTCD

05/23/2023