Department of State Health Services

Purchase Order

Payment Terms Freight Terms	Ship V	'ia				atch via Prin
Net 30 Prepaid & Allow	BEST	WAY	Purchase Order		HHSTX-3-0	
If advertised by informal bid, Invitation for Offer, or Requise specifications, terms, and conditions set forth in the adverti- conforming responses become a part of this numbered pure guarantees goods or services delivered meet or exceed num	isement and ve chase order. Co	ndor's ontractor	Date 06/05/23 Ship To:		o:401 Franklin Ave	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			DEPARTMENT OF STATE HEALTH SERVICES 401 Franklin Ave Ste 210 El Paso TX 79901 United States			
Vendor: 1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 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: Email:	512/458-7442 invoices@dsh		
			Purchaser:	Alexander,Le	actio I 5	12/406-2424
Line-Sch Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	
Fexas Smart Buy Purchase Order #: 23157263 CP/X CXMAS-19-7502 Ferm: 12/06/2018 thru 09/27/2023 No Renewals Remaining Requisition #: 0000235245 NVOICING - Send all invoices to Agency Contact See above for SHIP TO ADDRESS ON PO AGENCY CONTACT: Vame: Nancy Clinton / (915) 834-7675 Email: nancy.clinton@dshs.texas.gov						
HSC terms and conditions attached						
Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424 Email Address: Leslie.Alexander@hhs.texas.gov						
VENDOR INFORMATION: Contractor: Mono Machines LLC dba Supply Chimp Contact Name: Chris McPherson Email: helpme@supplychimp.com Phone: (800) 592-1306						
Freight Terms are FOB Destination Prepaid and Allov Terms: Net 30	wed/Add					
1-1	620-85	3.00	DOZ	15.90000	\$47.70	06/06/2023

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		er	HHSTX-3-0000318883		
If advertised specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	equest for Propose ertisement and ve	al; all endor's			Revision		Pag	
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 To:		DEPARTMENT				
						United States	L		
Vendor:	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States			Bill	Го:	Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (1 PO Box 149347 Austin TX 78756 United States	OF STATE HEALT RBB)	H SERVICES	
					Fax: Email:	512/458-7442 invoices@dshs.te	xas.gov		
				Purc	haser:	Alexander,Leslie	eL 5	12/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
	Bk								
					Se	hedule Total	\$47.70		
					Item Tot	al for Line 1	\$47.70		
2-1	uni-ball 69021 VISION ELITE Stick Roller Ball Pen, Blue Ink, Super Fine	620-85	12.00	EA		2.83000	\$33.96	06/06/2023	
					Se	hedule Total	\$33.96		
					Item Tot	al for Line 2	\$33.96		
3-1	Deluxe Roller Ball Stick Waterproof Pen, Blue Ink, Micro, Dozen	620-85	2.00	DOZ		25.02000	\$50.04	06/06/2023	
					Se	hedule Total	\$50.04		
					Item Tot	al for Line 3	\$50.04		
4-1	Uni-Ball 1790923 207 Signo Ultra Series, .38Mm, Blue, Dozen	620-85	1.00	DOZ		18.88000	\$18.88	06/06/2023	
					Se	chedule Total	\$18.88		
					Item Tot	al for Line 4	\$18.88		
					Tota	PO Amount	\$150.58		
					1014		ψ150.50		

Department of State Health Services

Purchase Order

					Dispatch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	Н	IHSTX-3-0000318883
specifications, ter	nformal bid, Invitation for Offer, or Re rms, and conditions set forth in the adv	ertisement and vendor's	Date 06/05/23	Revision	Page 3
guarantees goods requirements. All shipments, sl	onses become a part of this numbered p or services delivered meet or exceed n hipping papers, invoices, and corresp ise Order Number.	umbered purchase order	Ship To:	1903 - El Paso:401 DEPARTMENT OF 401 Franklin Ave Ste 210 El Paso TX 79901 United States	Franklin Ave 7 STATE HEALTH SERVICES
	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States		Bill To:	Invoice-DSHS Fisca DEPARTMENT OF 1100 W 49th St (RB PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas	s.gov
			Purchaser:	Alexander,Leslie L	512/406-2424
Line-Sch Inv	ventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

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	
Leslie Hant S, CTP	<u>06/05/2023</u>