

# Department of State Health Services

## 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-3-0000318935</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> 06/05/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

**Vendor:** 1272070628 7  
 AHI ENTERPRISES LLC  
 16120 COLLEGE OAK STE 105  
 SAN ANTONIO TX 782494044  
 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:** Alvarado, Veronica

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 Purchase / Requisition #: 0000236501

Confirmation Order - Do Not Duplicate

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 9 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:  
 Dene Thompson @ 512-776-2457  
 dene.thompson@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO  
 Loading Dock: L-114  
 Building: Laboratory L-204.1

Requester Information:  
 Cynthia Martinez @ 512 776-7430  
 cynthia.martinez@dshs.texas.gov

Purchaser:  
 Veronica Alvarado @ (512) 406-2505  
 Veronia.Alvarado@hhs.texas.gov

VENDOR INFORMATION:  
 AHI Enterprises, LLC  
 Mark Nolan @ 210-653-770  
 mark@ahitexas.com

Purchasing Type: CP-A

Contract #: 615-A1 (Funding Begins: 08-29-2017 / Funding Ends: 08-31-2023)  
 Smartbuy PO:

Requirements/Limitations:  
 This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

# Department of State Health Services

## 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-3-0000318935</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> 06/05/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States
			<b>Page</b> 2

**Vendor:** 1272070628 7  
 AHI ENTERPRISES LLC  
 16120 COLLEGE OAK STE 105  
 SAN ANTONIO TX 782494044  
 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:** Alvarado, Veronica

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Invoice per 34 TAC §20.487, amended effective May 1, 2022

1-1	FILE FOLDER, 1-PLY TAB, 1/2 CUT TOP TAB, LETTER, 11 PT. MANILA,100/BOX; SUPPLER# 61545837521	615-45	2.00	BOX	11.51000	\$23.02	06/14/2023
-----	---	--------	------	-----	----------	---------	------------

**Schedule Total**                     \$23.02

**Item Total for Line 1**                     \$23.02

2-1	STAPLER, ELECTRIC, 25 SHEETS CAPACITY; SUPPLIR PART#60585074002	605-85	2.00	EA	41.63000	\$83.26	06/14/2023
-----	---	--------	------	----	----------	---------	------------

**Schedule Total**                     \$83.26

**Item Total for Line 2**                     \$83.26

**Total PO Amount** \$106.28

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**

Veronica Alvarado, CTCR, CTCM

**06/05/2023**