

# 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-3-0000318968</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> 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 1

**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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Alexander, Leslie L 512/406-2424

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

FY23 Purchase

Texas Smart Buy Purchase Order #: 23157369

CP/X  
TXMAS-19-7502  
Term: 12/06/2018 thru 09/27/2023  
No Renewals Remaining

Requisition #: 0000233251

INVOICING - Send all invoices to Agency Contact

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:  
Name: Mia Simmons / 512-375-2401  
Email: mia.simmons@dshs.texas.gov

HHSC 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 Allowed/Add  
Terms: Net 30

1-1	Redi-Strip Catalog Envelopes 9x12, Brown Kraft, 100/box	310-24	10.00	BXC	18.81000	\$188.10	06/06/2023
-----	--	--------	-------	-----	----------	----------	------------

**Schedule Total**                     \$188.10

# 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-3-0000318968</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 2
			<b>Ship To:</b> 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Alexander, Leslie L 512/406-2424

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


Item Total for Line 1  \$188.10

**Total PO Amount** \$188.10

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>06/05/2023</b>
--	-------------------