

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000319205
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.			Date 06/08/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1906 - Houston:5425 Polk St DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St Ste 420 Houston TX 77023 United States
			Page 1

Vendor: 1900999880 8
SOUTH CENTRAL SUPPLY LLC
828 BETTERMAN DR
PFLUGERVILLE TX 786605117
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: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods

Spot Purchase Open Market
SP/E

Requisition #: HHSTX-3-0000214396

Requester: Shaniqua Spiller
Phone #: 713-767-3000
Email: Shaniqua.Spiller@dshs.texas.gov

SHIP TO ATTN: Shaniqua Spiller, 713-767-3000, Shaniqua.Spiller@dshs.texas.gov

Purchaser Name: Ron Connell
Phone #: 512-406-2666
Email: ron.connell@hhs.texas.gov

Vendor Name: SOUTH CENTRAL SUPPLY LLC
Contact: Joe Martinez
Phone #: 512-367-0311
Email: sales@supplytexas.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Quote # Q18090

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1	Performance Plus Series Medical-grade freezer, #FZR5P-0R-00-00	740-70	1.00	EA	4278.00000	\$4,278.00	06/20/2023
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Schedule Total \$4,278.00

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Purchaser: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1						\$4,278.00	
2-1	Stacking kit (Performance Plus on Performance Plus undercounter REF/FZR4/5), #01054006	740-70	1.00	EA	425.00000	\$425.00	06/20/2023
Schedule Total						\$425.00	
Item Total for Line 2						\$425.00	
3-1	Freight/Shipping	962-86	1.00	LOT	255.00000	\$255.00	06/20/2023
Schedule Total						\$255.00	
Item Total for Line 3						\$255.00	
Total PO Amount						\$4,958.00	

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



06/13/2023