

# Health and Human Services Commission

## 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-3-0000320497</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> 06/26/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States
			<b>Page</b> 1

**Vendor:** 1752438342 3  
PRODUCTS UNLIMITED INC  
PO BOX 339  
JUSTIN TX 762470339  
United States

**Bill To:** Terrell SH Whse  
HEALTH & HUMAN SERVICES COMMISSION  
1200 E Brin  
PO Box 70  
Terrell TX 75160  
United States

**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 7 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:  
Name: Blanca Juarez  
Phone: blanca.juarez@hhs.texas.gov  
Email: blanca.juarez@hhs.texas.gov

Purchaser Information:  
Name: Jocelynn Evans  
Phone #512-776-6233  
Email Address: jocelynn.evans@hhs.texas.gov

Vendor Name: Products Unlimited  
Vendor Contact: Susan Raithel  
Vendor Phone: 940-648-3073  
Vendor Email: sraithel@products-unlimited/com

QUOTE 1078963

PURCHASING METHOD: SP/E

Not to Exceed \$10,000.00

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 227115

1-1	ELECTRODE, CPR D PADZ	465-14	8.00	EA	231.79625	\$1,854.37	07/07/2023
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W/COMPRESSION - USE W/ZOLL  
AED  
PLUS OR AED PRO, 5 YEAR SHELF  
LIFE  
(ZOLL)  
Item #: 8900080001  
MPN: 8900-0800-01

**Schedule Total**                     \$1,854.37

**Item Total for Line 1**                     \$1,854.37

**Total PO Amount** \$1,854.37

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**

*Jocelynn Evans, CTCD*

**06/30/2023**