Purchase Order

Payment Terms	Freight Terms	Ship Via	Dunch and A		HHSTX-3-0	000330660
et 30 advertised by info	Prepaid & Allow ormal bid, Invitation for Offer, or	BEST WAY Request for Proposal: all	Purchase Order Date	Revision	111017-3-0	Page
pecifications, terms	s, and conditions set forth in the a	dvertisement and vendor's	06/28/23	1 - 6/28/2023		1 1
nforming response	es become a part of this numbere	d purchase order. Contractor	Ship To:	5702 - Eagle Pas	s:1593 S Veterans	
arantees goods or quirements.	services delivered meet or excee	a numbered purchase order		DEPARTMENT	OF STATE HEALT	H SERVICES
	ping papers, invoices, and corr	-	1593 S Veterans Blvd Eagle Pass TX 78852			
ith our Purchase				United States		
endor: 174	42339637 7		Bill To:	Invoice-DSHS Fi	scal Claims	
	RS GROUP LTD		Din 10.		OF STATE HEALT	H SERVICES
	BOX 21207			1100 W 49th St (RBB)	
	ACO TX 767021207 iited States			PO Box 149347 Austin TX 78756		
	littu Statts			United States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.te	xas.gov	
			Purchaser:	Connell,Ron Le	9	
ine-Sch Inven	ntory Item ID - Line Description	n Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
ing-ben myen	nory nem 12 - Eme Description	Quality		101110	Exclude Allt	Dui Daii
HIP TO ATTN: It urchaser Name: hone #: 512-406	nas@dshs.texas.gov zel Cardenas, 830-758-4297, Ron Connell	ltzel.Cardenas@dshs.texas.go	v			
endor Name: WF						
ontact: Tina Nor	wood					
hone #: 800-299						
mail: sales@wrs	sgroup.com					
oods and/or serv	vices are to be delivered and ir	nvoiced after September 1, 202	22.			
e cancelled at an	ly time in whole or part without	nued availability of lawful appro		-		nual, and may
uote # QUO1174	44					
voicing and Payı umber, invoice da the BILL TO AD	ment: The invoice shall contain ate, and the total invoice amout	n all the following in order to be unt. Each invoice shall also hav ns are net thirty days (30) unle nent processing.	e considered for payme re an attached copy of	ent: PO number re the bill in order to	eferenced, a unique o be paid. Mail all o	riginal invoices
1 Cloth	Breast Model Baige	037-78 1.00	EA	102.00000	\$102.00	07/05/2023
Cioth	Breast Model, Beige					

Cloth Breast Model, Beige			
	Schedule Total	\$102.00	
	Item Total for Line 1	\$102.00	

Purchase Order

Payment Ter	ms Freight Terms	Ship V	Via			ызра	atch via Print
Net 30	Prepaid & Allow	BEST	WAY	Purc	hase Order	HHSTX-3-0	
specifications	by informal bid, Invitation for Offer, or Req , terms, and conditions set forth in the adver	rtisement and ve	endor's	Date 06/28			Page 2
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: 5702 - Eagle Pass:1593 S Veteral DEPARTMENT OF STATE HEA 1593 S Veterans Blvd Eagle Pass TX 78852		IMENT OF STATE HEALT /eterans Blvd ss TX 78852	
with our Pur	chase Order Number.				United S	tates	
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States			Bill 7	DEPAR' 1100 W PO Box	X 78756	'H SERVICES
					Fax:512/458-Email:invoices	.7442 @dshs.texas.gov	
				Purc	haser: Connell	,Ron Lee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	Breastfeeding: Keep It Simple (fifth edition)	037-78	2.00	EA	6.25000	\$12.50	07/05/2023
					Schedule Tota	\$12.50	
					Item Total for Line	\$12.50	
3-1	Cloth Breast Model, BROWN	037-78	1.00	EA	102.00000	\$102.00	07/05/2023
					Schedule Tota	\$102.00	
					Item Total for Line	\$102.00	
4-1	Breastfeeding Tear Pad Set (8)	037-78	1.00	SET	186.0000) \$186.00	07/05/2023
					Schedule Tota	\$186.00	
					Item Total for Line	\$186.00	
5-1	Successful Breastfeeding Folding Display	037-78	1.00	EA	153.00000	\$153.00	07/05/2023
					Schedule Tota	\$153.00	
					Item Total for Line	\$ \$153.00	
6-1	Baby Bellies Display	037-78	1.00	EA	17.0000) \$17.00	07/05/2023
					Schedule Tota	\$17.00	
					Item Total for Line	\$17.00	
7-1	How Fathers Can Support Breastfeeding Tear Pad	037-78	1.00	PAD	32.00000	\$32.00	07/05/2023

Purchase Order

Payment Ter	rms Freight Terms	Ship V	lia				itch via Print
Net 30	Prepaid & Allow	BEST	WAY	Pur	chase Order	HHSTX-3-0	
specifications	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve	rtisement and ve	endor's	Dat 06/2	e Revisi 28/23 1 - 6/28		Page 3
	esponses become a part of this numbered pu oods or services delivered meet or exceed nu			Shij		Eagle Pass:1593 S Veterans RTMENT OF STATE HEALT	HSERVICES
requirements.		* J 4 h				Veterans Blvd	n services
	ts, shipping papers, invoices, and correspondences of the second se	ondence must n	e identilied		Eagle P United	ass TX 78852 States	
¥7. 1	17400000777						
Vendor:	1742339637 7 WRS GROUP LTD			BIII		-DSHS Fiscal Claims RTMENT OF STATE HEALT	H SERVICES
	PO BOX 21207 WACO TX 767021207					7 49th St (RBB) x 149347	
	United States				Austin	TX 78756	
					United	States	
					Fax: 512/458	8-7442	
						s@dshs.texas.gov	
r						II,Ron Lee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Prie	ce Extended Amt	Due Date
					Schedule Tot	al\$32.00	
					Item Total for Line	7 \$32.00	
8-1		037-78	50.00	EA	2.2500	00 \$112.50	07/05/2023
0-1	The ABCs Of Breastfeeding Benefits	037-70	50.00	LA	2.2500	φ112.50	07703/2023
	Pamphlet						
						al \$112.50	
					Item Total for Line	8 \$112.50	
9-1		037-78	1.00	SET	37.0000	\$37.00	07/05/2023
	Safe Storage of Breastmilk Magnet set of 50						
					Schedule Tot	al\$37.00	
					Item Total for Line		
10-1	Breastfeeding Guide-Tips and Positions	037-78	2.00	EA	8.0000	00 \$16.00	07/05/2023
	6 F F				Schedule Tot	al\$16.00	
					Item Total for Line		
11-1	Shipping Cost (Shiphawk shipping)	962-86	1.00	EA	22.4700	\$22.47	07/05/2023
	Surfaug Cost (outbut art surfaug)				Schedule Tot	al \$22.47	
					Item Total for Line		
					THE I DUAL IOF LINE	φ22.47	
					Total PO Amou	nt \$792.47	
						+->=/	

Purchase Order

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Orde		TX-3-0000320660	
specification	by informal bid, Invitation for Offer, or Real as, terms, and conditions set forth in the adve	rtisement and vendor's	Date 06/28/23	Revision 1 - 6/28/2023	Page 4	
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 10:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States		
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States		Bill To:	Invoice-DSHS Fiscal Cla DEPARTMENT OF STA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ims TE HEALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Connell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	ntity UOM	PO Price Ext	ended 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	
Reef.	<u>06/28/2023</u>