Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	-3-0000321451
specification	Net 30 Prepaid & Allow BEST WAY 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. All shipments, shipping papers, invoices, and correspondence must be identified.			Revision	Page 1
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:	oop CES COMMISSION	
Vendor:	1361150280 1 W W GRAINGER INC DEPT 829455922 PO BOX 419267 KANSAS CITY MO 641416267		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE H 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756	EALTH SERVICES

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

United States

				Purchaser:	Franks,Kyler			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	

Attn: LaMisha Williams / phone number 512-776-2641

United States

EX/0 - WorkQuest

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 30 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: LaMisha Williams lamisha.williams@dshs.texas.gov +1 (512) 776-2641

Ship To Location

6694

Address HEALTH HUMAN SERVICES COMMISSION 1111 W North Loop Austin, TX 78756

Attention To Williams,Lamisha Q

HHSC BUYER:
Kyler Franks
Kyler franks@hhs tey

Kyler.franks@hhs.texas.gov

VENDOR:

VID: 13611502801

Contractor: W.W. Grainger, Inc. dba Grainger

Contact Name: Shelby Savony
Email: scs.south@grainger.com

Phone: (800) 472-4643

Department of State Health Services

Purchase Order

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Payment Terr	ns rreight terms	Snip via		11110TV 0 000000445	- 4	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000032145)1	
If advertised by	y informal bid, Invitation for Offer, or R	equest for Proposal; all	Date	Revision Pa	ge	
1	terms, and conditions set forth in the ad-		07/10/23		2	
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Vendor:	1361150280 1 W W GRAINGER INC DEPT 829455922 PO BOX 419267 KANSAS CITY MO 641416267 United States	V GRAINGER INC PT 829455922 BOX 419267 NSAS CITY MO 641416267		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		

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

Purchaser:

Franks,Kyler

Address: 7950 Research Blvd. Austin TX 78758-8425

PURCHASING METHOD: EX/0 Purchase made under the Authority of Texas Government Code 2155.138 (WorkQuest/TIBH Set-Aside)

Term Contact: TXMAS-18-51V06

Term: Start Date: 7/1/2018 - End Date: 8/31/2023

Smartbuy PO: 23169999

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 237344

1-1	Battery Alkaline AA Premium PK24	450-06	2.00	PKG	15.55000	\$31.10	07/10/2023
					Schedule Total	\$31.10	
					Item Total for Line 1	\$31.10	
2-1	Battery Alkaline AAA Premium PK24	450-06	2.00	PKG	18.04000	\$36.08	07/10/2023
					Schedule Total	\$36.08	
See attached	the document shows the batteries that are n	eeded.			Item Total for Line 2	\$36.08	
					Total PO Amount	\$67.18	

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	00321451	
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Vendor:	1361150280 1 W W GRAINGER INC DEPT 829455922 PO BOX 419267 KANSAS CITY MO 641416267 United States			Bill To:	Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		EALTH SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.to	exas.gov		
				Purchaser:	Franks,Kyler			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended 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

07/14/2023