#### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	нн	STX-4-0000324344
specifications, terms	rmal bid, Invitation for Offer, or Is, and conditions set forth in the ac	lvertisement and vendor's	<b>Date</b> 09/01/23	<b>Revision</b> 1 - 8/3/2023	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:  5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISS 3980 State School Rd PO Box 368 Denton TX 76210 United States			
Vondor: 174	51181002 4		Bill To:	Invoice-DSHS Accounts	Pavable

**Vendor:** 1751181002 4

X-RAY SALES & SERVICE CO

PO BOX 15344

FORT WORTH TX 761190344

**United States** 

Bill To: Invoice-DSHS Accounts Payable

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

**Fax:** 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Garcia, Reachell

FY24 funding IT/D Requisition 0000234180 PO Service Dates 09-01-2023 to 08/31/2024

FY24 X-Ray Warranty

Goods and/or services are to be delivered and invoiced after September 1, 2023.

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2024 are automatically canceled.

Regional Contract Manager: Stephany VanBolden

Contract Manager Phone: 972-551-8563

Contract Manager Email: stephany.vanbolden@hhs.texas.gov

Contract Specialist: Tausha Ellis

CS Phone: 972-551-8430

CS Email: tausha.ellis@hhs.texas.gov

SME Agency Contact: Jessica Pfullmann SME Agency Contact phone: 940-591-3567

SME Agency Contact email: Jessica.Pfullmann@hhs.texas.gov

VENDORS EMAIL INVOICES TO: dshs.tshbusinessoffice@dshs.texas.gov

PO BILL TO INFORMATION TERRELL STATE HOSPITAL ATTN: ACCOUNTING

P.O. BOX 70 / 1200 EAST BRIN STREET / TERRELL, TX, TEXAS 75160

CODE#: 5030

Vendor contact Mark - Salesman 817- 535-3251 markd@xraysales.com

PCS contact

### **Health and Human Services Commission**

### **Purchase Order**

Ship Via

**Payment Terms** 

Freight Terms

**Dispatch via Print** 

Net 30	Prepaid & Allow	Snip v BEST		Purcl	hase Order	I	HHSTX-4-0	000324344
specifications	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adver	rtisement and ve	endor's	<b>Date</b> 09/01		<b>Revision</b> 1 - 8/3/2023		Page 2
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Vendor:	1751181002 4 X-RAY SALES & SERVICE CO PO BOX 15344 FORT WORTH TX 761190344 United States			Bill T	o:	Invoice-DSHS Acc DEPARTMENT C 1200 E Brin PO Box 70 Terrell TX 75160 United States	counts Payable DF STATE HEALTI	H SERVICES
				E	'ax: Email:		ssOffice@dshs.texa	is.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purch UOM	naser:	Garcia,Reachell PO Price	Extended Amt	Due Date
	urcia@hhs.texas.gov  4 X-Ray Warranty  FY24 / SERVICES / One Year Software Support / BLANKET TPO REQUEST TO PURCHASE XRAY SERVICES / CH4-DSSLC	938-95	1.00	LOT		\$1,300.00	\$1,300.00	09/01/2023
					Scheo	lule Total	\$1,300.00	
					Item Total f	or Line 1	\$1,300.00	
2-1	FY24 / SERVICES / One Year Labor Warranty / BLANKET TPO REQUEST TO PURCHASE XRAY SERVICES /	938-95	1.00	LOT		\$1,375.00	\$1,375.00	09/01/2023
	CH4-DSSLC							
					Scheo	lule Total	\$1,375.00	
						dule Total		

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.

# **Health and Human Services Commission**

# **Purchase Order**

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Payment To Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000324344
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			<b>Date</b> 09/01/23	Revision         Page           1 - 8/3/2023         3
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Vendor:	1751181002 4 X-RAY SALES & SERVICE CO PO BOX 15344 FORT WORTH TX 761190344 United States		Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States
			Fax: Email:	972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov
			Purchaser:	Garcia,Reachell
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date

Authorized By
Reachell Line

08/11/2023