Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HH	ISTX-4-0000325418	
specifications, terms,	rmal bid, Invitation for Offer, or , and conditions set forth in the a	dvertisement and vendor's	Date 09/01/23	Revision	Page 1	
guarantees goods or sequirements. All shipments, shipp	onforming responses become a part of this numbered purchase order. Contractor uarantees goods or services delivered meet or exceed numbered purchase order		Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States		
Vandon 141	1922610.9		Dill To.	Invoice DCHS Accoun	ta Davahla	

Vendor: 1411833619 8

PATTERSON DENTAL SUPPLY INC 12625 WETMORE RD STE 103 SAN ANTONIO TX 782473609

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

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

FY24

BLANKET PURCHASE ORDER

NIGP: 260/53

TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

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

DELIVERY: 3-5 Days After Receipt of PO

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

Regional Contract Manger: Stephany VanBolden

Regional CM Phone: 972-551-8563

Regional CM Email: Stephany.vanbolden@hhs.texas.gov

1st Lead Contact: Danisa Meys

1st Lead Email: danisa.meys@hhs.texas.gov

1st Lead Phone: 915-782-6610

Contract Manager: Pat Gonzalez

CM Email: patricia.gonzalez1@hhs.texas.gov

CM Phone: 915-534-5458

HHSC BUYER: Leslie Alexander, CTCD

(512) 406-2424

Email: Leslie.Alexander@hhs.texas.gov

VENDOR: VID: 1411833619

Contractor: PATTERSON DENTAL SUPPLY INC

Contact: Melondy Wilde

Email: melody.wilde@pattersondental.com

Phone: 713-853-6828

PURCHASING METHOD: SP/E

Health and Human Services Commission

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Payment Te	rms Freight Terms	Ship Via			4 0000005440	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX	-4-0000325418	
	by informal bid, Invitation for Offer, or Re		Date	Revision	Page	
	s, terms, and conditions set forth in the adv		09/01/23		2	
guarantees go requirements	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States		
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					
Vendor:	1411833619 8 PATTERSON DENTAL SUPPLY IN 12625 WETMORE RD STE 103 SAN ANTONIO TX 782473609 United States	С	Bill To:	Invoice-DSHS Accounts Payab DEPARTMENT OF STATE H 1200 E Brin PO Box 70 Terrell TX 75160 United States		

Fax: 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

				Purchaser:	Alexander,Leslie L	512/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

Vendor: Send Invoices via email to: dshs.tshbusinessoffice@dshs.texas.gov

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO.

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2024, will be considered cancelled.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition #0000232907

Note: Agency will not order products on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets on this PO.

1-1	Dental Supplies for individuals at CH5-EPSSLC	260-53	1.00	LOT	3000.00000	\$3,000.00	09/01/2023
					Schedule Total	\$3,000.00	
					Item Total for Line 1	\$3,000.00	
2-1	Dental Equipment maintenance and repair for individuals at CH5-EPSSLC	260-53	1.00	LOT	2000.00000	\$2,000.00	09/01/2023
					Schedule Total	\$2,000.00	
					Item Total for Line 2	\$2,000.00	
					Total PO Amount	\$5,000.00	

Health and Human Services Commission

Purchase Order

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Payment T	8	Ship V				IHSTX-4-0000325418	
Net 30	Prepaid & Allow	BEST V		Purchase Order			
	ed by informal bid, Invitation for Offer, or Re ons, terms, and conditions set forth in the adv			Date	Revision	Page	
	g responses become a part of this numbered p			09/01/23		3	
	goods or services delivered meet or exceed n			Ship To:	5950 - El Paso:6700 Delta Dr		
requiremen	e				6700 Delta Dr	AN SERVICES COMMISSION	
All shipme	ents, shipping papers, invoices, and corresp	ondence must be	e identified		6700 Delta Dr		
	urchase Order Number.				El Paso TX 79905		
					United States		
Vendor:	1411833619 8 PATTERSON DENTAL SUPPLY INC 12625 WETMORE RD STE 103 SAN ANTONIO TX 782473609 United States	2		Bill To:	Invoice-DSHS Acco DEPARTMENT OF 1200 E Brin PO Box 70 Terrell TX 75160 United States	ounts Payable F STATE HEALTH SERVICES	
				Fax: Email:	972/551-8052 DSHS.TSHBusiness	sOffice@dshs.texas.gov	
				Purchaser:	Alexander,Leslie L		
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

Lastin Hant S, CTP

08/11/2023