

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-4-0000325961</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><br>09/01/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1  |
|  |   |                             | <b>Ship To:</b><br>4546 - Austin:1100 W 49th St (DBGL)<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (DBGL)<br>PO Box 149347<br>Austin TX 78756<br>United States |

**Vendor:** 1520665775 9  
WILLIAMS SCOTSMAN INC  
901 S BOND ST STE 600  
BALTIMORE MD 21231-3348  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

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

**Purchaser:** Wright,Byron Carl 512/406-2512

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

SP/E

Requisition 221898 Pricing per QuoteQ-1318010PO Service Dates 09/01/2023 to 08-31-2024 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.

Vendor contact

Dani Diaz  
214-765-9451  
ddiaz@mobilemini.com

Agency contact

Amy DeLeon  
Amy.DeLeon@dshs.texas.gov

Facility

John Holcomb  
512-776-2475  
John.Holcomb@dshs.texas.gov  
PCS contact

Byron Wright CTCD  
512-406-2512  
Byron.Wright@hhs.texas.gov

|     |   |        |       |    |           |            |            |
|-----|---|--------|-------|----|-----------|------------|------------|
| 1-1 | 25' X 10' PREMIUM DOOR<br>CONTAINERS, RENTAL SERVICE,<br>DOORS ON BOTH ENDS, PER<br>MONTH 09/01/2023 - 08/31/2024 | 917-90 | 14.00 | EA | 240.00000 | \$3,360.00 | 08/15/2023 |
|-----|---|--------|-------|----|-----------|------------|------------|

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|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

**Schedule Total**                     \$3,360.00

A2 FY24 UPDATED QUOTE 8.3 AMFY24 3655 Container Rental

Previous PO: HHSTX-3-0000285159, SUSAN MULLAN, FY23

VENDOR INFORMATION  
VID: 1860748363  
MOBILE MINI INC.  
PO BOX 650882  
DALLAS, TX. 75265  
VENDOR ID: 18607483635  
PHONE: 800-950-6464 X7752  
EMAIL: xelejalde@mobilemini.com

PO BILL TO INFORMATION  
DSHS  
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

CODE # 3063

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L235  
FLOOR: 2nd  
CONTACT: John Holcomb  
PHONE #: 512-776-2475

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:  
DEPARTMENT ID CODE: H42000  
PROGRAM CODE:  
INTERNAL DELIVERY CODE: 6694  
Requester name: John Holcomb  
Requester Phone Number/area code: 512-776-2475  
Requester E-mail: John.Holcomb@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

**Item Total for Line 1**                     \$3,360.00

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| <b>Total PO Amount</b> |                                      |            |          |     |          | \$3,360.00   |          |

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**

*Byron Wright, CTCG*

**08/15/2023**