## Department of State Health Services

## **Purchase Order**

**Dispatch via Print** 

Payment Ter	ms Freight Terms	Ship Vi	a				tch via Prin
Net 30	Prepaid & Allow	BEŜT W	VAY	Purchase Order		HHSTX-4-00	
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 with our Purchase Order Number.			<b>Date</b> 09/07/23	Revision		Pag	
			Ship To:	1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States			
							Vendor:
				Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov	
				Purchaser:	Chavez,Rafael		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Phone: 817-/ Email: danie Purchaser In Name: Steve Phone: 512- Email: Rafae Vendor: Ama Vendor Cont Vendor Phor Email: NA	ela Sandoval 264-4790 la.sandoval@dshs.texas.gov formation: en Chavez, CTCD, CTCM						
nclude P.O. Bundles, ET	Number on packing Slips, Cartons, Pa C.	ickages,					
Freight: F.O. Terms: Net 3	B. Destination Freight Prepaid Allowed	d					
	ontingent upon the continued availabilit 4 TAC §20.487, amended effective Ma		priations by	the Texas Legislature	e. FY2024 funding		
Invoice per 3							
1-1	Widex COM-DEX Bluetooth Mobile Phone Adapter in Anthracite Grey	839-12	1.00	EA	220.00000	\$220.00	09/22/2023
1-1		839-12	1.00		220.00000 dule Total		09/22/2023

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-4-0000328121 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 09/07/23 2 conforming responses become a part of this numbered purchase order. Contractor 1905 - Arlington:1301 S Bowen Rd Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1301 S Bowen Rd All shipments, shipping papers, invoices, and correspondence must be identified Ste 200 with our Purchase Order Number. Arlington TX 76013 United States 1453328644 0 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES AMAZON CAPITAL SERVICES INC PO BOX 35184 1100 W 49th St (RBB) SEATTLE WA 981245185 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Chavez, Rafael Extended Amt Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Due Date 2-1 100-21 1.00 EA 6.00000 \$6.00 09/22/2023 Shipping \$6.00 Schedule Total \$6.00 Item Total for Line 2 \$226.00 **Total PO Amount** 

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.

