## Department of State Health Services

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30		<b>Ship Via</b> BEST WAY	Burchess Order	н	HSTY-4-0	00032834
If advertised by	Prepaid & Allow informal bid, Invitation for Offer, or Rec erms, and conditions set forth in the adve	quest for Proposal; all	Purchase Order Date 09/12/23	Revision	1017-4-0	000320340 Pag
conforming resp	onses become a part of this numbered p	urchase order. Contractor	09/12/23 Ship To:	4544 - Austin:1111 W North Loop		
guarantee soods or services delivered meet or exceed numbered purchase order requirements.			Ship 10:	DEPARTMENT OF STATE HEALTH SERVICES		
	shipping papers, invoices, and corresp	-	1111 W North Loop Austin TX 78756			
	ase Order Number.			Austin 1X /8/56 United States		
Vendor:	1882588865 6 ARLINGTON NORTH HOSPITALIT DBA LA QUINTA ARLINGTON NO 825 N WATSON RD ARLINGTON TX 760115152 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SER 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.g	gov	
Line-Sch In	ventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Coleman,Rosetta V PO Price	5 Extended Amt	12/406-2677 Due Date
Line-Sen in	ventory rem in - Ene Description	Class/Item Quantity	com		Extended Ant	Duc Date
SP/E Requisition 000 PO Service Da	00241482 Pricing per Quote 1,890.0 tes 09/12/2023 to 08-31-2024					
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall			
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall			
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number Email address:	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a t : : 817-640-4142 lqarn@whitestonhm.com	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall			
PO Service Da Attached Term This purchase by the Texas L penalty. HHS of goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number Email address: Agency contact First and Last I Phone number	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a t : : 817-640-4142 lqarn@whitestonhm.com	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall			
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number Email address: Agency contact First and Last I Phone number Email address: PCS contact: F Phone number	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a t : 817-640-4142 lqarn@whitestonhm.com t Name: Mia Simmons : (737) 218-7067	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall			
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number Email address: Agency contact First and Last I Phone number Email address: PCS contact: F Phone number	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a : : 817-640-4142 Iqarn@whitestonhm.com t Name: Mia Simmons : (737) 218-7067 Mia.Simmons@dshs.texas.gov Rosetta Coleman, CTCM, CTCD : (512)-406-2677	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall			
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number Email address: Agency contact First and Last I Phone number Email address: PCS contact: F Phone number Email address:	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a : : 817-640-4142 Iqarn@whitestonhm.com t Name: Mia Simmons : (737) 218-7067 Mia.Simmons@dshs.texas.gov Rosetta Coleman, CTCM, CTCD : (512)-406-2677	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received l	out cy shall by the	890.00000	\$1,890.00	09/12/2023
SP/E Requisition 000 PO Service Da Attached Term This purchase by the Texas L penalty. HHS c goods/services be obligated to agency. Any fu Vendor contact 18825888656 Phone number Email address: Agency contact First and Last I Phone number Email address: PCS contact: F Phone number Email address:	tes 09/12/2023 to 08-31-2024 s and Conditions apply to this Purch order is contingent upon the continu- egislature and may be canceled at a or the agency does not commit to ord or dollar amounts with respect to th pay for only those goods and/or ser nds not utilized by 08-31-2024 are a t : 817-640-4142 lqarn@whitestonhm.com t Name: Mia Simmons : (737) 218-7067 Mia.Simmons@dshs.texas.gov Rosetta Coleman, CTCM, CTCD : (512)-406-2677 rosetta.coleman03@hhs.texas.gov	ase Order. ed availability of lawful appro ny time in whole or part with lering specific quantities of is purchase order. The agen vices ordered and received I utomatically canceled	out cy shall by the UNT 1	890.00000 dule Total		09/12/2023

## **Department of State Health Services**

## **Purchase Order**

Payment Terms	Freight Terms	Ship Via			Dispatch via Print
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	Hł	HSTX-4-0000328340
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		Date 09/12/23	Revision 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVIC 1111 W North Loop Austin TX 78756 United States		
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:
AI DI 82 AI	82588865 6 RLINGTON NORTH HOSPITALITY BA LA QUINTA ARLINGTON NOR 5.5 N WATSON RD RLINGTON TX 760115152 nited States		Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Coleman,Rosetta V	512/406-2677
Line-Sch Inver	ntory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

Total PO Amount \$1,890.00

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 Routh Columan, CTCM, CTCO

<u>09/12/2023</u>