Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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.

Purchase Order **HHSTX-4-0000331643**

Date	Revision	Page
10/24/23		1

Ship To: 4546 - Austin:1100 W 49th St (DBGL
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (DBGL)
PO Box 149347
Austin TX 78756
United States

Vendor: 1263499518 2
MONO MACHINES LLC
DBA SUPPLY CHIMP
228 PARK AVE S # 36842
NEW YORK NY 10003-1502
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: Reyes,Jeffrey Alexander

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

Confirmation Order - Do Not Duplicate

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 1 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays

AGENCY CONTACT:
Dene Thompson,
dene.thompson@dshs.texas.gov
512 776-2457

HHSC BUYER:
Jeffrey Reyes CTCD
Jeffre.reyes@hhs.texas.gov

VENDOR:
TXMAS-19-7502
Mono Machines LLC dba Supply Chimp
800-592-1306
helpme@supplychimp.com

PURCHASING METHOD: CP/X
Procurement methods were evaluated, and the best value is provided using the TXMAS contract. Purchase made under the Authority of 2155.502 Development of Multiple Award Schedule.

Txmas Contract: TXMAS-19-7502
Smartbuy PO: 24020837

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024funding.

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

Requisition 0000245423

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1-1	MFR# 7510016272961, SUPPLIER# 69501, ABILITYONE 7510016272961 SKILCRAFT GOLD FOIL DOCUMENT COVER, COLOR: GREEN	615-48	2.00	PKG	14.98000	$29.96	10/25/2023
					Schedule Total	$29.96	
					Item Total for Line 1	$29.96	
2-1	MFR# 7510016272958, SUPPLIER# 69499, ABILITYONE 7510016272958 SKILCRAFT GOLD FOIL DOCUMENT COVER, COLOR: RED	615-48	2.00	PKG	13.82000	$27.64	10/25/2023
					Schedule Total	$27.64	
					Item Total for Line 2	$27.64	
3-1	MFR# 7510015195770, SUPPLIER# 69461, ABILITYONE 7510015195770 SKILCRAFT GOLD FOIL DOCUMENT COVER, COLOR: BLACK	615-48	15.00	PKG	13.04000	$195.60	10/25/2023
					Schedule Total	$195.60	
					Item Total for Line 3	$195.60	
					Total PO Amount	$253.20	

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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

Jeffrey a Reyes, CTCD

10/24/2023