Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID **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-4-0000332097**

Date	Revision	Page
10/30/23	1 - 10/30/2023	1

Ship To: 6433 - Carlsbad:11640 US Hwy 87 N
HEALTH & HUMAN SERVICES COMMISSION
11640 US Hwy 87 N
11640 N US Hwy 87
Carlsbad TX 76934
United States

Vendor: 1113136595 6
HENRY SCHEIN INC
DEPT CH 10241
PALATINE IL 600550001
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Purchaser: Cantu,Simon Alexander

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

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

DELIVERY: 14 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:
Ship to Attn: Danny Melvin
Ph - 325-465-2266
danny.melvin@hhs.texas.gov

HHSC BUYER:
Simon Cantu, CTCD
Simon.cantu@hhs.texas.gov

VENDOR: Henry Schein
Contact: Patrice Holmes
Ph: (864) 432-0501
Office: (800) 851-0400
Email: Patrice.Holmes@henryschein.com

OMNIA GPO and HHS Contract # HHS000626500001

OMNIA GPO and Henry Schein Contract # MMS1900159

PURCHASING METHOD: EX/0
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

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

Requisition MIM2401866 Line: 42

1-1	652-85-00009-0 TOOTHPASTE TOTAL CLN MNT 3.3OZ HSCHN 5430223 24/CS COLG	652-85	9.00	CS	15.60000	$140.40	11/13/2023

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Schedule Total $140.40

Item Total for Line 1 $140.40

Total PO Amount $140.40

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

Simon Cantu, CTCD

10/30/2023