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-4-0000335480**

Date	Revision	Page
12/21/23		1

Ship To: 6694 - Austin:1111 W North Loop
HEALTH & HUMAN SERVICES COMMISSION
1111 W North Loop
Austin TX 78756
United States

Vendor: 1900999880 8
SOUTH CENTRAL SUPPLY LLC
828 BETTERMAN DR
PFLUGERVILLE TX 786605117
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

Exempt Reason: N/A

Purchaser: Connell,Ron Lee

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

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

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

DELIVERY: 7 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 REQUESTER:
Name: Christina Rogers
Phone: +1 (512) 776-6361
Email address: Christina.Rogers@dshs.texas.gov

SHIP TO ATTN: Christina Rogers, +1 (512) 776-6361, Christina.Rogers@dshs.texas.gov, M375.1

HHSC BUYER:
Ron Connell, CTCD
Ron.Connell@hhs.texas.gov
512-406-2666

Vendor Name: SOUTH CENTRAL SUPPLY LLC
Contact: Joe Martinez
Phone #: 512-367-0311
Email: sales@supplytexas.com
Quote #Q21053

PURCHASING METHOD: SP/E
Not to Exceed $10,000.00

Delivery Days ARO
Terms Net 30
Shipping/Freight Terms FOB Destination Prepaid Add

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 #0000245382
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Exempt Reason: N/A

Purchaser: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	AbilityOne, 9330016412252 SKILCRAFT Laminating Pouches, 3 mil, 8.5" x 11", Matte Clear, 100/Box, #NSN6412252	665-42	15.00	BOX	28.58000	$428.70	12/28/2023

Schedule Total $428.70

Item Total for Line 1 $428.70

Total PO Amount $428.70

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

12/21/2023