Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Daniel and Onder	ы	HSTX-4-0000335855	
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.			Purchase Order Date 01/02/24	Revision Pag		
			Ship To:	4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States		
	oments, shipping papers, invoices, and correspondence must be identified or Purchase Order Number.					
Vondon 111	2136505 6		Dill To	Invoice DADS		

Vendor: 1113136595 6

HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834

United States

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

Email: 712Accounting@hhs.texas.gov

Exempt Reason: GPO

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.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY CONTACT:

Warehouse Supervisor: Jose Garcia

P: (361) 844-7734 F: (361) 844-7805

E: jose.garcia2@hhs.texas.gov Reg. Manager: Kris Viles

ACCOUNT PAYABLE:

E: 712accounting@hhs.texas.gov

HHSC BUYER:

Desiree Alvarez, CTCD

P: (512) 776-2033

E: Desiree.Alvarez@hhs.texas.gov

VENDOR:

Henry Schein P: (800) 851-0400

E: specialmarkets@henryschein.com

OMNIA GPO and HHSC Contract # HHS000840200001 OMNIA GPO and Henry Schein Contract # MMS 14034

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: MIM2406762 / Line: 44 45.

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Exempt Reason: GPO

				Purcha	ser: Alvarez, Desiree	С	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	652-85-00004-0 TOOTHPASTE BBL FRT .85OZ 24/CS HSCHN 5430132 COLGATE	652-85	4.00	CS	9.09000	\$36.36	01/16/2024
					Schedule Total	\$36.36	
					Item Total for Line 1	\$36.36	
2-1	652-85-00010-0 TOOTHPASTE SNSTV CMPLT PROT HSCHN 5430155 24/CS 6OZ COLG	652-85	11.00	CS	49.99000	\$549.89	01/16/2024
					Schedule Total	\$549.89	
					Item Total for Line 2	\$549.89	
					Total PO Amount	\$586.25	

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

Plesine Chrones CTCD 01/02/2024