Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		ппе	TV / 0000226155	
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 Date 01/05/24	HHSTX-4-0000336155 Revision Page 1		
			Ship To:	6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
Vendor: 11	13136595 6		Bill To:	Invoice - DADS		

HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834

United States

HEALTH & HUMAN SERVICES COMMISSION

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Exempt Reason: GPO

Purchaser: Alvarez, Desiree C 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: Ricky Salazar

P: (254) 562-1372 F: (254) 562-1344

E: ricky.salazar@hhs.texas.gov Reg. Manager: Taylor Gain

ACCOUNT PAYABLE:

E: 718accounting@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: MIM2407860 / Line: 41

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Vendor:	1113136595 6 HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834 United States			Bill To:	Invoice - DADS HEALTH & HU 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States			
				Fax: Email:	254/562-1894 718Accounting@	hhs.texas.gov		
Exempt Reason: GPO			Purchaser:	Alvarez,Desiree	e C			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
1-1	652-57-00003-0 TOOTHBRUSH 360 SFT CMPCT 72/CS HSCHN 5433685	652-57	10.00	CS	52.56000	\$525.60 01/19/2024		
				Scl	nedule Total	\$525.60		
				Item Tota	al for Line 1	\$525.60		

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 Chranes CTCD	01/05/2024

Total PO Amount