## **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

**Due Date** 

**Extended Amt** 

Payment Terr Net 30	ms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-	4-0000336203	
specifications,	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			Revision	<b>Page</b> 1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr		
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Kerrville TX 78028 United States		
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	Invoice-DSHS Accounts Payabl HEALTH & HUMAN SERVIC 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.go	ov	

Quantity

Purchaser:

**UOM** 

Connell, Ron Lee

PO Price

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

**Inventory Item ID - Line Description** 

DELIVERY: 7-10 Business Days After Receipt of PO

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

Class/Item

SEND INVOICES VIA EMAIL TO: SAHAccounting@dshs.texas.gov

AGENCY REQUESTER:

Exempt Reason: GPO

Line-Sch

H. Lee Clancy 830-258-5211

H.Clancy@hhs.texas.gov

SHIP TO ATTN: H. Lee Clancy, 830-258-5211, H.Clancy@hhs.texas.gov

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

Vendor Name: ODP Business Solutions

Contact: Austin Igweike Phone #: (512) 815-5530

Email: stateoftexas@odpbusiness.com / Austin.lgweike@odpbusiness.com

Vendor in order to get your Invoices paid:

1) Send Invoice. Please note: Invoice must match our PO \$ amount, also must match the same goods/services that are on PO.

2) Send PO.

3) Send both; Invoice PO to: SAHAccounting@dshs.texas.gov or fax to: 210-531-7883

4) On our side, once confirmed goods/services have been received, also check that invoice matches or equals the PO \$ amount goods/services, then payment will be made within 30 days.

Omnia and Office Depot Contract Number # R190303 Omnia Office Depot HHS Account Number # 46319643

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Not to Exceed \$50,000.00

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order		
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Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	
Exempt Rea	son: GPO				
			Purchaser:	Connell,Ron Lee	

Quantity

PO Price

UOM

#### **REQUIREMENTS/LIMITATIONS:**

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

Class/Item

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

**Inventory Item ID - Line Description** 

Requisition #0000251807

Line-Sch

1-1	#756680,Smead® TUFF® Pocket File Pockets, End-Tab, Letter Size, 7" Expansion, 30% Recycled, Red, Box Of 5	615-41	4.00	B05	37.09000	\$148.36	01/18/2024
					<b>Schedule Total</b>	\$148.36	
					Item Total for Line 1	\$148.36	
2-1	#601066, DYMO® LT 10697 Black-On- White Tape, 0.5" x 13', Pack Of 2	615-60	3.00	PCK	5.76000	\$17.28	01/09/2024
					Schedule Total	\$17.28	
					Item Total for Line 2	\$17.28	
3-1	#7939717, Smead® ETYJ Color-Coded Year Labels, SMD68324, 3/4" x 1-1/2", Gold, Roll Of 500 Labels	615-39	1.00	C5C	24.99000	\$24.99	01/11/2024
					<b>Schedule Total</b>	\$24.99	
					Item Total for Line 3	\$24.99	
					Total PO Amount	\$190.63	

## **Health and Human Services Commission**

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Payment Te	e e	Ship Via			1111CTV 4 0000000000
Net 30	Prepaid & Allow	BEST WA	Υ	Purchase Order	HHSTX-4-0000336203
	by informal bid, Invitation for Offer, or Re			Date	Revision Page
	s, terms, and conditions set forth in the adv			01/08/24	3
	conforming responses become a part of this numbered purchase order. Contractor				5059 - Kerrville:721 Thompson Dr
0	oods or services delivered meet or exceed	numbered purchase of	Ship To:	HEALTH & HUMAN SERVICES COMMISSION	
requirements					721 Thompson Dr
	All shipments, shipping papers, invoices, and correspondence must be identified				Kerrville TX 78028
with our Pu	rchase Order Number.				United States
Vendor:	1862161688 9 ODP BUSINESS SOLUTIONS LLC PO BOX 660113 DALLAS TX 75266-0113 United States			Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States
				Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov
Exempt Rea	ason: GPO			Enian.	57 HI recounting a usus textus, gov
				Purchaser:	Connell,Ron Lee
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item (	Quantity	UOM	PO Price Extended Amt Due Date

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** 

Reef.

01/08/2024