

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000337419
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.			Date 01/26/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

Vendor: 1453328644 0
AMAZON CAPITAL SERVICES INC
PO BOX 35184
SEATTLE WA 981245185
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: Prince,Sheana Denea 512/406-2548

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 Funding
IT/D
Requisition: 251005

Amazon Order #: 112-5470784-2239449

Quote #: Pricing per vendor website

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2024 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068.
Attached Terms and Conditions apply to this Purchase Order.

DIR Blanket Exemption Minimum Threshold Procurements.

Vendor Contact:
Vendor ID #14533286440
Amazon Capital Services
Customer Service
(888) 280-4331
Email: N/A

Agency Contact:
Amy DeLeon
(512) 776-3735
Amy.DeLeon@hhs.texas.gov

HHSC Purchaser:
Sheana Prince, CTCD
(512) 406-2548
Sheana.Prince@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the **BILL TO ADDRESS ON PURCHASE ORDER.**

Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

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AMAZON CAPITAL SERVICES INC
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SEATTLE WA 981245185
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

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Deliver to SHIP TO ADDRESS ON PURCHASE ORDER. Please include PURCHASE ORDER NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery Hours: 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed

1-1	MFR# 981-000014 LOGITECH H390 WIRED HEADSET, STEREO HEADPHONES WITH NOISE-CANCELLING MICROPHONE, USB, IN-LINE CONTROLS, PC/MAC/LAPTOP - BLACK	204-68	2.00	EA	21.88000	\$43.76	01/30/2024
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Schedule Total \$43.76

FY24 4659 Headsets

Please send any questions and paperwork to Virginia Flores at virginia.flores@dshs.texas.gov.

VENDOR:
VID: 1760037078100
DIR Contract Number : DIR-CPO-4469
Email: dir@unifiedcommunications.com
Fax: 713.780.0932
Selena Newsom
Phone: 713.358.8015
Email: snewsom@UnifiedCommunications.com

PO BILL TO INFORMATION
DSHS
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO:
BUILDING: Laboratory L114

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CONTACT: Virginia Flores
PHONE #: 512-776-7587

Requester INFO:

Requester Name: Crystal Fitzhugh
Requester Phone Number/area code: 512-776-2323
Requester E-mail address: Crystal.Fitzhugh@dshs.texas.gov

SCOR Division: Public Health Laboratory Division

Item Total for Line 1 _____ \$43.76

Total PO Amount \$43.76

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 <i>Sheana Prince, CTCO</i>	01/29/2024
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