

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000337493</b>
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.			<b>Date</b> 01/26/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States

**Vendor:** 1742582850 0  
DEBORA WITT JONES  
DBA AUSTINTATIOUS ADVERTISING  
10816 CROWN COLONY DR STE 208  
AUSTIN TX 787471672  
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:** Omisore,Oluwaseyi Samue 512/776-4242

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

SEND INVOICES TO: Yesenia.Wolfrum@dshs.texas.gov and Sindy.Jimenez@dshs.texas.gov

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

DELIVERY: 30 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 CONTACT:  
Itzel Cardenas  
830-758-4297 Itzel.Cardenas@dshs.texas.gov

Ship to Attn: Itzel Cardenas

HHSC BUYER:  
Oluwaseyi Omisore, CTCD, CTCM  
512-776-4242 Oluwaseyi.Omisore@hhs.texas.gov

VENDOR: DEBORA WITT JONES DBA AUSTINTATIOUS ADVERTISING  
512-698-8319 tatiuous@aol.com

QUOTE: Price from vendor. Dated: 01-24-24

PURCHASING METHOD: SP/E

Not to Exceed \$10,000.00

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 0000251516

1-1	500-S462 4X4 Square Magnet with 3 color imprinting (shipping and set up	037-52	500.00	EA	.75000	\$375.00	02/29/2024
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**Schedule Total** \_\_\_\_\_ \$375.00

**Item Total for Line 1** \_\_\_\_\_ \$375.00

**Total PO Amount** \$375.00

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.

<b>Authorized By</b> <i>Oluwaseyi Omisore CTCD CTCM</i>	<u>01/29/2024</u>
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