

Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000337597
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 01/30/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

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

Purchaser: Thompson,Casandra

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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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 when the Warehouse is closed.
 Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY DELIVERY CONTACT:
 Corpus Christi SSLC
 Whse Supvr Jose Garcia
 Ph: 361-844-7734
 Fax - 361-844-7805
 jose.garcia2@hhs.texas.gov

HHSC BUYER:
 Casandra Thompson, CTCD
 512-776-4243
 Casandra.Thompson@hhs.texas.gov

VENDOR:
 Henry Schein
 Customer Service
 800-851-0400
 specialmarkets@henryschein.com

FY24
 OMNIA GPO and HHS Contract # HHS000840200001
 OMNIA GPO and Henry Schein Contract # MMS1900159
 Valid 01/01/2023 through 12/31/2024

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#: MIM2409694; Line(s): 37

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1-1	652-85-00009-0 TOOTHPASTE TOTAL CLN MNT 3.3OZ HSCHN 5430223 24/CS COLG	652-85	8.00	CS	15.60000	\$124.80	02/13/2024
Schedule Total						\$124.80	
Item Total for Line 1						\$124.80	
Total PO Amount						\$124.80	

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

Casandra Thompson, CTCD

01/30/2024