

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-4-0000338150
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 02/06/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 6368 - Pollok:6844 N US Hwy 69 HEALTH & HUMAN SERVICES COMMISSION 6844 N US Hwy 69 Pollok TX 75969 United States

Vendor: 1113136595 6
HENRY SCHEIN INC
135 DURYEY RD
MELVILLE NY 117473834
United States

Bill To: Invoice - DADS
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: Torres, Joseph Ryan

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

AGENCY CONTACT:
Lufkin SSLC
Robert Michaud WHSE Supvr.
Ph: 936-853-8376
Robert.Michaud@hhs.texas.gov

HHSC BUYER:
Joseph Torres, Purchaser IV
512-406-2413
Joseph.Torres@HHS.Texas.Gov

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

FY24
MMCAP GPO and HHS Contract # HHS000626500001

MMCAP GPO and Henry Schein Contract # MMS1900159

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 MIM2409834; Line(s); 43

1-1	652-57-00003-0	652-57	10.00	CS	31.68000	\$316.80	03/06/2024
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	TOOTHBRUSH 360 SFT CMPCT 72/CS HSCHN 5433685						
Schedule Total						\$316.80	
Item Total for Line 1						\$316.80	
Total PO Amount						\$316.80	

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

Joseph Torres, CTCD

02/21/2024