

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & Add	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000339970</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> 03/04/24
<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> 4538 - Bandera:702 Buck Creek Dr DEPARTMENT OF STATE HEALTH SERVICES 702 Buck Creek Dr PO Box 1536 Bandera TX 78003 United States

**Vendor:** 1742339637 7  
WRS GROUP LTD  
PO BOX 21207  
WACO TX 767021207  
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:** Burns,Debra A

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 CLASS ITEM 785-44 962-86  
SCOR DSHS Division RLHO  
SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 5-7 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:  
\*\*\*PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO \*\*\*  
Please contact Tenia Houck, (830) 796-7540, prior to delivery  
SHIP TO ATTN: Houck, Tenia, (830) 796-7540, tenia.houck@dshs.texas.gov  
Requester Gonzalez, Marissa Jolene (210) 949-2168 Gonzalez, Marissa  
702 Buck Creek, Bandera, TX., 78003

Please send invoice approval requests to [sindy.jimenez@dshs.texas.gov](mailto:sindy.jimenez@dshs.texas.gov); [yesenia.wolfrum@dshs.texas.gov](mailto:yesenia.wolfrum@dshs.texas.gov)

Accounts Payable contact information  
DSHS Invoices: [Invoices@dshs.texas.gov](mailto:Invoices@dshs.texas.gov);  
DSHS Payment Status: [Payments@dshs.texas.gov](mailto:Payments@dshs.texas.gov)  
DSHS AP Manager: Felica Poston 512-776-2288

HHSC BUYER:  
Debra Burns, CTPM  
Direct: 512) 406-2564 CELL [REDACTED]  
[Debra.Burns@hhs.texas.gov](mailto:Debra.Burns@hhs.texas.gov)

VENDOR  
VID 1742339637  
VENDOR WRS GROUP LTD  
CONTACT Customer Service-ANGELA LOPEZ  
PH 254.981.5023  
EMAIL [angelalopez@wrsgroup.com](mailto:angelalopez@wrsgroup.com)

TERMS NET 30

QUOTE QUO14226

PURCHASING METHOD: SP/E

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**Exempt Reason:** N/A

**Purchaser:** Burns,Debra A

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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 0000255479

1-1	Breastfeeding Chart spiral-bound 16" x 20" 12-page English-Spanish ITEM 43308	785-44	1.00	EA	103.00000	\$103.00	03/22/2024
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**Schedule Total**                     \$103.00

**Item Total for Line 1**                     \$103.00

2-1	Shipping-Freight per Quote	962-86	1.00	LOT	24.06000	\$24.06	03/22/2024
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**Schedule Total**                     \$24.06

**Item Total for Line 2**                     \$24.06

**Total PO Amount** \$127.06

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.

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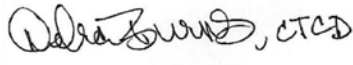
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<b>Authorized By</b> 	<u>03/05/2024</u>
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