Department of State Health Services

Purchase Order

D	Enstable Terms	Chin V	·•			2.004	
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-4-00	00340277
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				Date 03/07/24	Revision P		
guarantees g requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n s. ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchas	e order	Ship To:	1901 - Tyler:252 DEPARTMENT 2521 W Front St Tyler TX 75702 United States	1 W Front St OF STATE HEALTH	I SERVICES
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States			Bill To:	Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (I PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH RBB)	I SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.te:	xas.gov	
Exempt Rea	ason: N/A			Purchaser:	Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid 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: Your name: Molly Shattuck Your phone number:903-721-8047 Your email: molly.shattuck@dshs.texas.gov

HHSC BUYER: Tracie Ogle, CTCD, CTCM 512-776-2326 Tracie.ogle@hhs.texas.gov

VENDOR: WRS Group, LTD. PO Box 21207 Waco TX 76702 United States 254-776-6461 Contact: Tina Norwood tinanorwood@wrsgroup.com

Quote # QUO13995

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: 0000256752

Dispatch via Print

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Net 30	Prepaid & Allow	BEST	WAY	Pure	chase Order		HHSTX-4-0		
specifications	by informal bid, Invitation for Offer, or Req , terms, and conditions set forth in the adver	tisement and ve	endor's	Date 03/0	e)7/24	Revision		Page 2	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship) То:	1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICES				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						2521 W Front St Tyler TX 75702 United States			
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States			Bill '			347 8756	H SERVICES	
					Fax: Email:	512/458-744 invoices@ds			
Exempt Reas	son: N/A			Purc	chaser:	Ogle,Tracie	L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
	The Facts About E-Cigarettes & Vaping Folding Display (4 Panel) 78876								
					Sched	lule Total	\$660.00		
					Item Total fo	or Line 1	\$660.00		
2-1	Mr. Gross Mouth Model 79152	785-44	4.00	EA	1	82.00000	\$728.00	03/21/2024	
					Sched	lule Total	\$728.00		
					Item Total fo	or Line 2	\$728.00		
3-1	What Goes in Your Body Goes in Your Baby Chart 90803	785-44	4.00	EA		26.00000	\$104.00	03/21/2024	
					Sched	lule Total	\$104.00		
					Item Total fo	or Line 3	\$104.00		
4-1	E-Cigarettes and Vaping Tear Pad 52196	785-44	6.00	EA		24.00000	\$144.00	03/21/2024	
					Sched	lule Total	\$144.00		
					Item Total fo	or Line 4 _	\$144.00		
5-1	Smoking and Your Baby Folding Display (3 Panel) 79022	785-44	4.00	EA	1	45.00000	\$580.00	03/21/2024	
	/				Sched	lule Total	\$580.00		
					Item Total fo	or Line 5	\$580.00		
6-1	A Year, s Worth of Tar Model	785-44	4.00	EA		85.00000	\$340.00	03/21/2024	
	~				Sched	lule Total	\$340.00		

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specification	l by informal bid, Invitation for Offer, or Real ns, terms, and conditions set forth in the adve	ertisement and ve	endor's	Date 03/07/24	Revision		Page 3
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with our Pu	irchase Order Number.				United States		
Vendor:	1742339637 7 WRS GROUP LTD PO BOX 21207 WACO TX 767021207 United States			Bill To:	DEPARTMENT 1100 W 49th St PO Box 149347	Austin TX 78756	
				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov	
Exempt Re	ason: N/A			Purchaser:	Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item	Total for Line 6	\$340.00	
7-1	Shipping	310-67	1.00	LOT	97.38000	\$97.38	03/21/2024
					Schedule Total	\$97.38	
				Item	Total for Line 7	\$97.38	
				Т	otal PO Amount	\$2,653.38	

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	
Iracie Dak, CTCD	<u>03/07/2024</u>