### **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Ter	rms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	4-0000340900	
specifications	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	ertisement and vendor's	<b>Date</b> 03/15/24	Revision	Page 1	
guarantees go requirements. All shipment	esponses become a part of this numbered pods or services delivered meet or exceed to the services, shipping papers, invoices, and corresponded Order Number.	numbered purchase order	Ship To:	1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States		
Vendor:	1270091042 0 M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	EALTH SERVICES	

Fax: 512/458-7442 Email: invoices@dshs.texas.gov

Exempt Reason: N/A

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: 5 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: Yolanda Rodriguez Yolanda.rodriguez.dshs.texas.gov

Purchase Contact Lori Dye

Lori.dye@dshs.texas.gov 806-783-6474

Shipto 6302 Iola Avenue Lubbock, TX 79424

Bldg/Floor/Cubicle: Deliver to HHSC back of building.

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

VENDOR: MA Global-001

Telephone: 760-559-6980

1200 Route 22 Ste 2000, Bridgewater, NJ 08807-2943

PURCHASING METHOD: CP/X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract. Purchase made under the Authority of 2155.502 Development of Multiple Award Schedule.

Txmas Contract: TXMAS-22-61501

Term: 3/24/22 - 8/11/24 Smartbuy PO: 24112151

# **Department of State Health Services**

### **Purchase Order**

Net 30   Prepaid & Allow   EST WAY   Fadvertised by informable in 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.    All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.							Dispa	tch via Print	
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  Vendor:  1270091042 0  M&A GLOBAL CARTRIDGES LLC   Supplied States   Sill To:   Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH (20) ROUTE 22 STE 2000  BRIDGEWATER NJ 08807-2943   United States   Sill To:   Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH (20) ROUTE 22 STE 2000  BRIDGEWATER NJ 08807-2943   United States   Sill To:   Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH (20) ROUTE 22 STE 2000  BRIDGEWATER NJ 08807-2943   United States   Sill To:   Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH (20) ROUTE 23 STE 2000  BRIDGEWATER NJ 08807-2943   United States   Sill To:   Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH (20) ROUTE 23 STE 2000  BRIDGEWATER NJ 08807-2943   United States   Sill To:   Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH (20) ROUTE 23 STE 2000  Exempt Reason: N/A   Purchaser:   Ogle, Tracie L   Email:   Invoices@claims. Tracie NJ 2000 Route 2000					Purchase Or	der	HHSTX-4-0	000340900	
Burantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  Vendor: 1270091042 0	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			Page		
M&A GLOBAL CARTRIDGES LLC   100 PEPARTMENT OF STATE HEALTH   1200 ROUTE 22 STE 2000   1100 W 49th St (RBB)   PO Box 149347   Nustin TX 78756   United States   Fax:   512/458-7442   Email:   invoices@dshs.texas.gov	guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified				Ship To:	HEALTH & HU 6302 Iola Ave Lubbock TX 79	HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424		
Exempt Read Remainufactured Black Ink Cartridge for HP C6656AN (HP 56) HP 260 (DR)         Email: invoices@dshs.texas.gov           Email: invoices@dshs.texas.gov           Purchaser: Oggle, Tracie L           Purchaser: Organizations by Tracin American Purchaser           Purchaser: Organizations by Tracin American Purchaser           Purchaser: Organizations by Tracin American Purchaser           Purchaser	endor:	M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943			Bill To:	DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875	DEPARTMENT OF STATE HEALTH SERV 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756		
Line-Sch         Inventory Item ID - Line Description         Class/Item         Quantity         UOM         PO Price         Extended Am           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: 0000260358           1-1         Remanufactured Tri-Color Ink, Replacement for HP 22(C9352AN) Inkcart, HP 22 Color. Supplier Part Number: IVR9352AN         EA         18.79000         \$56.37           Litem Total for Line 1         \$56.37           2-1         Remanufactured Black Ink Cartridge for HP C6656AN (HP 56) HP 56 Inkjet         203-72         3.00         EA         10.10000         \$30.30							texas.gov		
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2-1 Remanufactured Black Ink Cartridge for HP C6656AN (HP 56) HP 56 Inkjet     Item Total for Line 1   \$56.37   \$30.30   EA   \$10.10000   \$30.30	his PO is convoice per 3	contingent upon the continued availability at TAC §20.487, amended effective Matter at the continued availability at TAC §20.487, amended effective Matter at Tri-Color Ink, Replacement for HP 22(C9352AN) Inkcart, HP 22 Color. Supplier Part	ay 1, 2022		EA	18.79000	\$56.37	03/21/2024	
2-1 203-72 3.00 EA 10.10000 \$30.30 Remanufactured Black Ink Cartridge for HP C6656AN (HP 56) HP 56 Inkjet									
Remanufactured Black Ink Cartridge for HP C6656AN (HP 56) HP 56 Inkjet					Item To	otal for Line 1	\$50.37		
	-1	HP C6656AN (HP 56) HP 56 Inkjet	203-72	3.00	EA	10.10000	\$30.30	03/21/2024	
Schedule Total \$30.30					S	Schedule Total	\$30.30		
Item Total for Line 2 \$30.30					Item To	otal for Line 2	\$30.30		

1.00 EA

Electostatic Long Duster, Blue/Gray, 2" Bristle, 9 1/2" Handle, Duster, Elctrostatc, Lng, Be. Supplier Part Number: BUT444422

615-60

3-1

Schedule Total	\$4.88
Item Total for Line 3	\$4.88
m . 100 h	004.77
Total PO Amount	\$91.55

\$4.88 03/21/2024

4.88000

## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Te	C	Ship V				IIIICTY 4 OC	0004000
Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-4-00	00340900
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision	Page		
	s, terms, and conditions set forth in the ad-			03/15/24			3
	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order				1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION		
	requirements.				6302 Iola Ave Lubbock TX 79424		
	All shipments, shipping papers, invoices, and correspondence must be identified						
with our Pu	rchase Order Number.				United States		
Vendor:	1270091042 0 M&A GLOBAL CARTRIDGES LLC 1200 ROUTE 22 STE 2000 BRIDGEWATER NJ 08807-2943 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		I SERVICES
				Fax:	512/458-7442		
				Email:	invoices@dshs.te	xas.gov	
Exempt Rea	ason: N/A			Purchaser:	Ogle,Tracie L		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

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

Sracie Dak, CTCD

03/15/2024