

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order HHSTX-4-0000340917
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 03/15/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 1

Vendor: 1752196611 3
A PHOTO IDENTIFICATION INC
PO BOX 211836
BEDFORD TX 760958836
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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FY25 CLASS ITEM 207-72 962-86
SCOR DSHS Division Community-Health
SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 5-10 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 ***
SHIP TO ATTN Smith, April Therese Bensen 512-776-2586 apriltherese.smith@dshs.texas.gov
Warehouse Delivery Info
Health and Human Services Commission
1111 W North Loop Austin, TX 78756
ATTN: April Smith

Accounts Payable contact information
DSHS Invoices: Invoices@dshs.texas.gov;
DSHS Payment Status: Payments@dshs.texas.gov
DSHS AP Manager: Felicia Poston 512-776-2288

HHSC BUYER:
Debra Burns, CTPM
Direct: 512) 406-2564 CELL 832-818-3936
Debra.Burns@hhs.texas.gov

VENDOR:
VID 1752196611
VENDOR A PHOTO IDENTIFICATION INC
CONTACT Rosanne Bliss
PHONE 800-338-7941 or 972-660-7904
EMAIL rbliss@aphotoid.com

TERMS NET 30

QUOTE 22924

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

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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 0000258069

1-1	Ribbon Color Fargo 45000	207-72	6.00	EA	90.00000	\$540.00	03/29/2024
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Schedule Total \$540.00

Back-coated, yellow (Y), magenta (M) and cyan (C) panels includes a built-in cleaning roller and is for use with Fargo DTC1000 card printers. Compatible with: DTC1000, DTC1250e

Item Total for Line 1 \$540.00

2-1	Shipping-Freight per Quote UOM IS LOT	962-86	1.00	EA	15.00000	\$15.00	03/29/2024
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Schedule Total \$15.00

Item Total for Line 2 \$15.00

Total PO Amount \$555.00

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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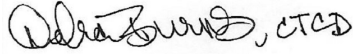
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Authorized By 	03/15/2024
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