Health and Human Services Commission

Purchase Order

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				DK		
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4	-0000340969	
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				Revision	Page 1	
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.			r Snip 10:	4548 - Harlingen:1401 S Rangervill HEALTH & HUMAN SERVICES COMMISSION 1401 S Rangerville Rd Harlingen TX 78552 United States		
Vendor:	1453328644 0 AMAZON CAPITAL SERVICES INC PO BOX 35184 SEATTLE WA 981245185 United States		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICE 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	S COMMISSION	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov		
Exempt Reason: N/A			Purchaser:	Torres,Joseph Ryan		
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	antity UOM	PO Price Extended A	mt Due Date	

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY: 11 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: Castillo,Mary 956-364-8226 Monica.OviedoPerales@hhs.texas.gov

Ship to Attn: Oviedo Perales, Monica Isabel

Send Invoices: SAHAccounting@dshs.texas.gov

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

VENDOR: Amazon Capital Services 888-281-3847 www.amazon.com

PURCHASING METHOD: SP/E Not to Exceed \$5,000.00

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 Please follow the Texas Comptroller's Invoicing standards as seen below. Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order. (a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services. The invoice should include, but is not limited to including: (1) the contractor's mailing and e-mail (if applicable) address; (2) the contractor's telephone number; (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice; (4) the state agency's name, agency number, delivery address;

(5) the state agency's purchase order number, if applicable;

(6) the contract number or other reference number, if applicable;

(7) a valid Texas identification number (TIN) issued by the Comptroller;

Health and Human Services Commission

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			ed Bill To:	HEALTH & H 1401 S Ranger Harlingen TX 7 United States Invoice-DSHS HEALTH & H 6711 S New Br Ste 100	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223	
			Fax: Email:	210/531-7883 SAHAccountin	g@dshs.texas.gov	
Exempt Rea	ison: N/A		Purchaser:	Torres, Joseph	n Ryan	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quan	ity UOM	PO Price	n Ryan Extended Amt	Due Date
Line-Sch (8) a descrip (9) unit num (10) if subm (11) other re Requisition#		nt detail to identify the e invoice; nment of a contract, th aining the payment req	ity UOM order which relates to t e TIN of the original cor	PO Price	Extended Amt	
Line-Sch (8) a descrip (9) unit num (10) if subm (11) other re Requisition#	Inventory Item ID - Line Description ption of the goods or services, in sufficie abers corresponding to the amount of the hitting an invoice after receiving an assig elevant information supporting and expla #: 529-247486	nt detail to identify the e invoice; nment of a contract, th aining the payment req	ity UOM order which relates to the TIN of the original cor rested.	PO Price ne invoice; tractor and the TIN	Extended Amt	endor;
(9) unit num (10) if subm (11) other re Requisition# 1-1	Inventory Item ID - Line Description ption of the goods or services, in sufficie abers corresponding to the amount of the hitting an invoice after receiving an assig elevant information supporting and expla #: 529-247486	nt detail to identify the e invoice; nment of a contract, th aining the payment req	ity UOM order which relates to the TIN of the original connected.	PO Price ne invoice; tractor and the TIN 214.17000	Extended Amt N of the successor ve \$856.68 \$856.68	endor;

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 Forms, CTCD

03/15/2024

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