

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-5-0000341161</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> 09/01/24
<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> 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States

**Vendor:** 1842170625 2  
WOLFFORTH DISCOUNT STORAGE LLC  
7801 FM 179 # 1400  
WOLFFORTH TX 79382-3900  
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:** Wright,Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY25 funding

SP/E

Requisition 258542 Pricing per Quote 10630 PO Service Dates 3/18/2024 to 08/31/2025

Goods and/or services are to be delivered and invoiced after September 1, 2024

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2025 are automatically canceled.

Vendor contact

Vendor contact  
Lilly Linch  
806-833-5550  
wolfforth@discountselfstoragetx.com

Agency contact  
Lori Dye  
806/783-6474  
Lori.Dye@dshs.texas.gov  
le)

PCS contact  
Byron Wright CTCD  
(512) 406-2512  
Byron.Wright@hhs.texas.gov

1-1	Storage Rent for unit 0314 Sept-Aug	971-70	12.00	MOS	195.00000	\$2,340.00	09/01/2024
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**Schedule Total**                   \$2,340.00

Vendor Contact Info

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WOLFFORTH DISCOUNT STORAGE, LLC  
LILLY LINCH / KRISTEN STIGE OVER  
wolfforth@discountselfstorage.com  
7801 FM 179 - CR #1400, WOLFFORTH, TX 79382-3900  
discountstoragewolfforth.com  
806-833-5550 Phone

Invoice attached to line 1

**Item Total for Line 1** \$2,340.00

2-1	Protection Plan for storage unit 0314 Sept -Aug	971-70	12.00	MOS	10.00000	\$120.00	09/01/2024
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**Schedule Total** \$120.00

**Item Total for Line 2** \$120.00

3-1	Maintenance Fee for Unit 0314 Sept - Aug	971-70	12.00	MOS	20.00000	\$240.00	09/01/2024
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**Schedule Total** \$240.00

**Item Total for Line 3** \$240.00

**Total PO Amount** \$2,700.00

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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**Authorized By**  
*Byron Wright, CTO*  
**03/18/2024**