Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	-				
Net 30 If advertised by inform	Prepaid & Allow nal bid, Invitation for Offer, or Rea	BEST WA quest for Proposal; a	d1	Purchase Order Date	Revision	HHSTX-4-0	000341736 Page
specifications, terms,	and conditions set forth in the adve	rtisement and vendo urchase order. Contr	or's actor	03/25/24			
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		Ship To:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.							
CON 3585 SAI	31212314 4 ONTROL SOLUTIONS INC 351 INDUSTRIAL WAY STE D INT HELENS OR 970516211 ited 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: Email:	512/458-7442 invoices@dshs.te:	xas.gov	
Exempt Reason: N/A	1			Purchaser:	Holton,Sharonda	o 5'	12/406-2464
Line-Sch Invent	ory Item ID - Line Description	Class/Item (Quantity	UOM	PO Price	Extended Amt	Due Date
Contact Number: 5 Fax: 503-543-5419 Email: Sales@vfcd	ataloggers.com Justrial Way, Ste D, St. Helen, C		ERS INC				
HHS REQUISITION	I: 0000258159						
	ON, CTCD - SHARONDA.HOL		S.GOV				
Bill to code 3063 (C	entral Office accounting)						
	*************	*					

1-1 P/N VF	C400-SP Data Logger Kit with rt Probe kits	220-34	10.00	EA	168.00000	\$1,680.00	03/30/2024
1-1 P/N VF		220-34	10.00		168.00000 edule Total		03/30/2024

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship V	/ia				
Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-4-0	000341736
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 03/25/24	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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Ship To:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States		
Vendor:	1931212314 4 CONTROL SOLUTIONS INC 35851 INDUSTRIAL WAY STE D SAINT HELENS OR 970516211 United States			Bill To:	Invoice-DSHS Fiss DEPARTMENT C 1100 W 49th St (R PO Box 149347 Austin TX 78756 United States	F STATE HEALT	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov	
Exempt Rea	ason: N/A			Purchaser:	Holton,Sharonda	5	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	Shipping & Handling	962-24	1.00	EA	15.00000	\$15.00	03/30/2024
				Sche	edule Total	\$15.00	
				Item Total	for Line 2	\$15.00	
				Total P	O Amount	\$1,695.00	

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.

Authorized By	
Shamder HAtm, CTCD	
	03/26/2024