

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000342386
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 04/04/24
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: 1363684738 9
ULINE INC
PO BOX 88741
CHICAGO IL 606801741
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: Reyes, Jeffrey Alexander

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: 14 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:
Rebecca Waldron
rebecca.waldron@dshs.texas.gov
+1 (512) 231-5609

HHSC BUYER:
Jeff Reyes CTCD, CTCM
jeffrey.reyes@hhs.texas.gov

VENDOR:
ULINE
800/295-5510
customer.service@uline.com

QUOTE 15756701

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

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.

Requisition # 261223

1-1	12X16" INSULATED MAILERS	310-67	8.00	CTN	100.00000	\$800.00	04/16/2024
-----	--------------------------	--------	------	-----	-----------	----------	------------

Schedule Total \$800.00

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000342386
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 04/04/24
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 2

Vendor: 1363684738 9
ULINE INC
PO BOX 88741
CHICAGO IL 606801741
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: Reyes, Jeffrey Alexander

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1						<u>\$800.00</u>	
2-1	COLD PACKS-16OZ	225-32	26.00	CS	18.00000	\$468.00	04/16/2024
Schedule Total						<u>\$468.00</u>	
Item Total for Line 2						<u>\$468.00</u>	
3-1	6milULINE INDUSTRIAL NITRILE GLOVES- POWDERED 6 MIL MEDIUM	201-42	2.00	BOX	14.00000	\$28.00	04/16/2024
Schedule Total						<u>\$28.00</u>	
Item Total for Line 3						<u>\$28.00</u>	
4-1	ULINE INDUSTRIAL NITRILE GLOVES- POWERED 6 MIL LARGE	201-42	6.00	BOX	14.00000	\$84.00	04/16/2024
Schedule Total						<u>\$84.00</u>	
Item Total for Line 4						<u>\$84.00</u>	
5-1	ULINE INDUSTRIAL NITRILE GLOVES- POWERED 6MIL XL	201-42	2.00	BOX	14.00000	\$28.00	04/16/2024
Schedule Total						<u>\$28.00</u>	
Item Total for Line 5						<u>\$28.00</u>	
6-1	LOCK AND PRESS ENVELOPES 6X9"	310-67	4.00	CTN	157.00000	\$628.00	04/16/2024
Schedule Total						<u>\$628.00</u>	
Item Total for Line 6						<u>\$628.00</u>	

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000342386
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 04/04/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 3
			Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

Vendor: 1363684738 9
ULINE INC
PO BOX 88741
CHICAGO IL 606801741
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: Reyes, Jeffrey Alexander

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
7-1	POLY FOOD SERVICE SLEEVES 18" BLUE	201-20	2.00	CTN	97.00000	\$194.00	04/16/2024
Schedule Total						<u>\$194.00</u>	
Item Total for Line 7						<u>\$194.00</u>	
8-1	SHIPPING AND HANDLING	962-24	1.00	EA	157.60000	\$157.60	04/16/2024
Schedule Total						<u>\$157.60</u>	
Item Total for Line 8						<u>\$157.60</u>	
Total PO Amount						\$2,387.60	

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 	04/05/2024
--	-------------------

