Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-4-0000342650	
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 04/04/24	Revision Page		
guarantees goods or requirements. All shipments, ship	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:	Ship To: 6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISS 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
Vendor: 11	13136595 6		Rill To	Invoice - DADS		

Vendor: 1113136595 6

HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834

United States

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

540 Chapel Drive PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Exempt Reason: GPO

Purchaser: Alvarez, Desiree C

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

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

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY CONTACT:

Warehouse Supervisor: Ricky Salazar

P: (254) 562-1372 F: (254) 562-1344

E: ricky.salazar@hhs.texas.gov Reg. Manager: Taylor Gain

ACCOUNT PAYABLE:

E: 718accounting@hhs.texas.gov

HHSC BUYER: Desiree Alvarez, CTCD P: (512) 776-2033

E: Desiree.Alvarez@hhs.texas.gov

VENDOR: Henry Schein P: (800) 851-0400

E: specialmarkets@henryschein.com

OMNIA GPO and HHSC Contract # HHS000840200001 OMNIA GPO and Henry Schein Contract # MMS 14034

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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: MIM2414412 / Line: 42

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				Ship To:	6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
Vendor:	1113136595 6 HENRY SCHEIN INC 135 DURYEA RD MELVILLE NY 117473834 United States			Bill To:	Invoice - DADS HEALTH & HUM 540 Chapel Drive PO Box 1132 Mexia TX 76667 United States	IAN SERVICES COM	MMISSION
				Fax: Email:	254/562-1894 718Accounting@h	nhs.texas.gov	
Exempt Reason: GPO			Purchaser:	Alvarez, Desiree	С		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	652-85-00009-0 TOOTHPASTE TOTAL CLN MNT 3.3OZ HSCHN 5430223 24/CS COLG	652-85	27.00	CS	18.96000	\$511.92	04/18/2024
				Sche	dule Total	\$511.92	
Item Total fo				for Line 1	\$511.92		

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	
plesine Chranez CTCD	04/04/2024

\$511.92

Total PO Amount