Health and Human Services Commission

Purchase Order

					Dispatch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕтх	(-3-0000282967
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/22	Revision	Page 1
			Ship To:	5070 - Harlingen:1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States	
FI PC LC	330309114 7 FF ENTERPRISES INC D BOX 840150 DS ANGELES CA 900840150 nited States		Bill To:	Invoice-DSHS Accounts Paya HEALTH & HUMAN SERVI 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.ş	gov

				Purc	chaser: Meads,Courtr	ney 5	12/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	LUAD QUADRIVALENT 0.5ML PFS 10/BX NDC: 70461-0122-03 Season: 2022-2023	475-36	42.00	EA	550.77000	\$23,132.34	09/01/2022
					Schedule Total	\$23,132.34	
					Item Total for Line 1	\$23,132.34	
2-1	FLUZONE QUADRIVALENT 0.5ML SDV 10/BX NDC: 49281-0422-10 Season: 2022-2023	475-36	10.00	EA			09/01/2022
					Schedule Total	\$1,937.90	
					Item Total for Line 2	\$1.937.90	
3-1	FLUAD QUADRIVALENT 0.5ML PFS 10/BX NDC: 70461-0122-03 Season: 2022-2023	475-36	85.00	EA	550.77000	\$46,815.45	09/01/2022
					Schedule Total	\$46,815.45	
					Item Total for Line 3	\$46,815.45	
4-1	AD QUADRIVALENT 0.5ML PFS 10/BX NDC: 70461-0122-03 Season: 2022-2023	475-36	43.00	EA	550.77000	\$23,683.11	09/01/2022
					Schedule Total	\$23,683.11	
					Item Total for Line 4	\$23,683.11	
					Total PO Amount	\$95,568.80	

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Purchase Order

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Payment To		Ship Via			OTV 0 00000000	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	·	HHSTX-3-0000282967	
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			Smp 10:	5070 - Harlingen:1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States		
Vendor:	1330309114 7 FFF ENTERPRISES INC PO BOX 840150 LOS ANGELES CA 900840150 United States		Bill To:	Bill To: Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISS 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
			Fax: Email:	210/531-7883 SAHAccounting@c	dshs.texas.gov	
			Purchaser:	Meads,Courtney	512/406-2478	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quar	ntity UOM	PO Price	Extended Amt Due Date	

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
Cautry Meach CTCD, CTCM

07/12/2022