Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ı	HHSTX-2-0000286911	
If advertised specifications	by informal bid, Invitation for Offer, or R t, terms, and conditions set forth in the ad	Request for Proposal; all vertisement and vendor's	Date 04/27/22	Revision	Page 1	
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:	4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICA PO BOX 936279	L MINNESOTA SUPP	Bill To:	Invoice-DSHS Acc HEALTH & HUM 6711 S New Braun	IAN SERVICES COMMISSION	

ATLANTA GA 31193-6279

United States

Ste 100

San Antonio TX 78223

United States

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

Purchaser: Perez, Aurora Dianne **Due Date** Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price Extended Amt

BLANKET PURCHASE ORDER

TERM: September 1, 2021 through August 31, 2022

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

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

DELIVERY: 3-5 days After Receipt of PO

AGENCY DELIVERY CONTACT:

Melissa Maddox 210-531-7357

Melissa.maddox@hhs.texas.gov

HHSC BUYER: Dianne Perez, CTCD

Dianne.Perez@hhs.texas.gov

VENDOR:

McKesson Medical 713-861-3547

terry.mckinney@mckesson.com

MMCAP GPO and HHSC Contract # HHS000626500001

MMCAP GPO and McKesson Contract # MMS18000

9/1/19 - 8/31/24

PURCHASING METHOD: EX-0

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

Requisition # 198101

Goods and/or services are to be delivered and invoiced after September 1, 2021.

Any goods or services not ordered and received by August 31, 2022 will be considered cancelled.

Amount may be increased/decreased upon need.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment To		Ship V				•	00000011
specification	Prepaid & Allow I by informal bid, Invitation for Offer, or I as, terms, and conditions set forth in the ac	lvertisement and ve	al; all endor's	Purchase Order Date 04/27/22	Revision	HHSTX-2-00	100286911 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:	4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICA PO BOX 936279 ATLANTA GA 31193-6279 United States	AL MINNESOTA S	SUPP	Bill To:			MMISSION
				Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov	
				Purchaser:	Perez,Aurora [Dianne	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	acy will not order goods or services on ontrolled assets or equipment on this l		available fron	n Workquest, Texas (Correctional Indus	stries or DIR. Agency	will not order
1-1	FY22 CG4 SASH Blanket Purchases fo Central Medical Supply	257-26 r	1.00	LOT 1	0000.00000	\$10,000.00	04/27/2022
				Sch	edule Total	\$10,000.00	
			Item Total	for Line 1	\$10,000.00		

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	
Diame Fley CTCB	
<u> </u>	04/27/2022

\$10,000.00

Total PO Amount