

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000287292
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 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States

Vendor: 1721330960 6
PEARSON MEDICAL TECHNOLOGIES LLC
2804 N BOLTON AVE
ALEXANDRIA LA 713034509
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Munoz,Gi bert J

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
SP/E
Requisition 194747 - Pricing per Quote
PO Service Dates 09-01-2022 to 08-31-2023

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor contact
First and Last Name - Joshua Day
Phone number - (318) 769-9104
Email address - jday@pearsonmedical.com

Agency contact
First and Last Name - Geral Rhoder
Phone number - (210) 531-7357
Email address - Geral.Rhoder@hhs.texas.gov

PCS contact
First and Last Name - Gi bert Munoz
Phone number - (512) 406-2473
Email address - Gilbert.Munoz@hhs.texas.gov

1-1	FY23 Pearson Medical Tech Cust Service Support -iPack Machine	967-57	1.00	LOT	3095.00000	\$3,095.00	09/01/2022
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Schedule Total	\$3,095.00
Item Total for Line 1	\$3,095.00
Total PO Amount	\$3,095.00

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			Page 2

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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

Arlene M. Mung, CTCB

04/29/2022