### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000288080 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/22 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6014 - Austin:4110 Guadalupe guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 4110 Guadalupe All shipments, shipping papers, invoices, and correspondence must be identified Bldg 800 with our Purchase Order Number. Austin TX 78751 United States 1222408354 8 Bill To: Invoice - DADS Vendor: HEALTH & HUMAN SERVICES COMMISSION IMMUCOR INC PO BOX 102118 4001 Highway 36 South Brenham TX 77833 ATLANTA GA 303682118 **United States** United States Fax: 979/277-1865 Email: 712Accounting@hhs.texas.gov **Purchaser:** Call, Julie Ann 512/406-2514 Extended Amt Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price Due Date** BLANKET PURCHASE ORDER PO MUST NOT EXCEED \$10,000.00 TERM: SEPTEMBER 1, 2022 THROUGH AUGUST 31, 2023 SHIPPING INSTRUCTIONS: DO NOT SHIP UNTIL NOTIFIED BY AGENCY CONTACT. VENDOR, PLEASE E-MAIL INVOICE TO ERIC.DEGEER@HHS.TEXAS.GOV AGENCY DELIVERY CONTACT: CARRIE DILLON 512-419-2029 CARRIED.DILLON@HHS.TEXAS.GOV REQUESTOR NAME: ERIC DEGEER PHONE NUMBER/AREA CODE: 512-419-2402 FAX NUMBER/AREA CODE: 512-419-2039 E-MAIL: ERIC.DEGEER@HHS.TEXAS.GOV HHSC BUYER: JULIE CALL, CTPM, CTCM 512-406-2514 JULIE.CALL@HHS.TEXAS.GOV VENDOR: IMMUCOR INC - 1222408354 RENEE MERCER 770-280-6516 RMERCER@IMMUCOR.COM AUSTIN STATE HOSPITAL STANDARD COMMENT PO BILL TO INFORMATION HHSC- BRENHAM STATE SUPPORTED LIVING CENTER ATTN: ACCOUNTS PAYABLE 4001 SOUTH HWY 36 **BRENHAM TX 77833** CODE #6688 

PO SHIP TO INFORMATION

# Health and Human Services Commission

## **Purchase Order**

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Payment Te Net 30	erms	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY		Purc	hase Order		HHSTX-3-0	000288080
specification	ns, terms, a	al bid, Invitation for Offer, or Req nd conditions set forth in the adve	rtisement and vendor's		<b>Date</b> 09/01	/22	Revision		<b>Page</b> 2
guarantees g requirements All shipmen	goods or sen s. nts, shippin	become a part of this numbered purvices delivered meet or exceed nu ng papers, invoices, and corresponder Number.	mbered purchase orde	er	Ship	Го:	6014 - Austin:4 HEALTH & HU 4110 Guadalupe Bldg 800 Austin TX 7875	JMAN SERVICES CO	OMMISSION
							United States	1	
Vendor:	IMMU PO BO ATLA	108354 8 UCOR INC OX 102118 ANTA GA 303682118 <b>d States</b>			Bill T	0:	Invoice - DADS HEALTH & HU 4001 Highway 3 Brenham TX 77 United States	JMAN SERVICES CO 36 South	OMMISSION
						°ax: Cmail:	979/277-1865 712Accounting(	@hhs.texas.gov	
					Purch	aser:	Call,Julie Ann	5	12/406-2514
Line-Sch	Inventor	ry Item ID - Line Description	Class/Item Qu	antity	UOM	14501.	PO Price	Extended Amt	Due Date
HHSC-AUS 4110 GUAI BLDG. 800 AUSTIN, T CODE #60	DALUPE \$ ) X 78751	TE HOSPITAL ST.							
	E MADE I	HOD: SP-E JNDER THE AUTHORITY OF NG PROGRAMS.	TEXAS GOVERNM	ENT CO	ODE 2155	5.1441 FOR	HEALTH CARE	PURCHASING INC	LUDING
REQUISITI	ION # 190	921							
GOODS AN	ND/OR SE	ERVICES ARE TO BE DELIVE	RED AND INVOICE	D AFTE	ER SEPTE	EMBER 1, 20	)22.		
ANY GOOI	DS OR SE	RVICES NOT ORDERED AND	D RECEIVED BY AU	IGUST	31, 2023	WILL BE CO	ONSIDERED CA	NCELLED.	
AMOUNT N	MAY BE I	NCREASED/DECREASED UP	ON NEED.						
THIS PO IS	S CONTIN	IGENT UPON THE CONTINUE	D AVAILABILITY O	F LAWI	FUL APPI	ROPRIATIO	NS BY THE TE	KAS LEGISLATURE	
		LL NOT ORDER GOODS OR S R. AGENCY WILL NOT ORDE							RRECTIONAL
1-1		OODS- blood components and for immunohematology & on	193-12	1.00	LOT	4	000.00000	\$4,000.00	09/01/2022
						Sche	dule Total	\$4,000.00	
						Item Total f	for Line 1	\$4,000.00	
2-1	FY23- sł above ite	nipping and freight fees for ems	962-86	1.00	LOT		500.00000	\$500.00	09/01/2022
						Sche	dule Total	\$500.00	
						Item Total f	for Line 2	\$500.00	

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						Dispatch via Prin	
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specifications, te	informal bid, Invitation for Offer, or Rec erms, and conditions set forth in the adve	ertisement and vendo	or's	Date 09/01/22	Revision Page 3		
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:	6014 - Austin:4110 Guadalupe HEALTH & HUMAN SERVICES COMMISSION 4110 Guadalupe Bldg 800 Austin TX 78751 United States		
Vendor:	1222408354 8 IMMUCOR INC PO BOX 102118 ATLANTA GA 303682118 <b>United States</b>			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMIS 4001 Highway 36 South Brenham TX 77833 United States		
				Fax: Email:	979/277-1865 712Accounting@h	nhs.texas.gov	
				Purchaser:	Call,Julie Ann	512/406-2514	
Line-Sch In	ventory Item ID - Line Description	Class/Item	Quantity 1	UOM	PO Price	Extended Amt Due Date	

Total PO Amount \$4,500.00

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	
Julie Call, CTPM, CTCM	05/10/2022