

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order HHSTX-3-0000291635
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: 4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States

Vendor: 1752301801 2
REEVES COUNTY HOSPITAL DISTRICT
2323 TEXAS ST
PECOS TX 797727338
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Atchley,Cindy Jean 432/263-9617

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding
EX/0 TGC 791 Interlocal
Requisition 0000191077; Pricing per Quote dated 4/07/2022 for FY23 Term
Rate: \$70.00 per CXR

PO Service Dates: 09/01/2022-08/31/2023 no renewals

Client Services as needed:
Contractor will provide Tuberculosis Prevention and Elimination (TB) services for Public Health Region 9/10
Chest Radiographs and Radiological Interpretation Services

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 and/or 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:
VID 1752301801
Reeves County Hospital District
Contact: Andy Werking
Phone: 916-366-5763
Email: awerking@sbcglobal.net

For Agency: Department of State Health Services (DSHS) Region 9/10 - TB - RLHO

Agency Lead Contact/Contract Manager:
David Acosta, CTCM
Phone: 512-776-6903
Email: david.acosta@dshs.texas.gov

PCS Contact:
Cindy Atchley, CTCD
Phone: 432-263-9617
Email: cindy.atchley@hhs.texas.gov

1-1	FY23 Interlocal; Client Services as needed; RLHO Tuberculosis (TB);	963-43	1.00	EA	500.00000	\$500.00	09/01/2022
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Services to provide TB treatment and prevention; Term 09/01/2022-08/31/2023 no renewals; Reqn 191077

Schedule Total _____ \$500.00

Attached/Vendor Quote Confirmation

Item Total for Line 1 _____ \$500.00

Total PO Amount \$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 <i>Cindy Atchley, CTCD</i>	06/20/2022
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