## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Term Net 30	ns Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	ŀ	HSTX-3-0000291804
specifications,	y informal bid, Invitation for Offer, or F terms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 09/01/22	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:  4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States			
Vendor:	1202046702 8	I COVEDNMENT SOI	Bill To:	Invoice-DSHS Fisc	al Claims

MCKESSON MEDICAL SURGICAL GOVERNMENT SOL

PO BOX 531288

ATLANTA GA 303531288

**United States** 

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: Perez, Aurora Dianne

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

**BLANKET PURCHASE ORDER** 

TERM: September 1, 2022 through August 31, 2023

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

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

CONTRACT MANAGER/INVOICE CONTACT:

Lisa Newlin 512-776-3021

Lisa.newlin@hhs.texas.gov

Ship to Attn: Dene Thompson

512-776-2457

Dene.thompson@dshs.texas.gov

HHSC BUYER: Dianne Perez, CTCD

512-406-2493 Dianne.perez@hhs.texas.gov

VENDOR: McKesson Medical

800-328-8111

Government.sales@mckesson.com

MMCAP GPO and DSHS Contract # HHS000629500001

PURCHASING METHOD: EX/0

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

Requisition # 187049

Goods and/or services are to be delivered and invoiced after September 1, 2022.

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment T Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-000029180
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			<b>Date</b> 09/01/22	Revision	Pa	
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:	To: 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States			
Vendor:	1202046702 8 MCKESSON MEDICAL SURGICAL GOVERNMENT SOL PO BOX 531288 ATLANTA GA 303531288 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIOR 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
				Fax: Email:	512/458-7442 invoices@dshs.te:	xas.gov
				Purchaser:	Perez,Aurora Di	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Any goods or services not ordered and received by August 31, 2023 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. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Note: Agency will not order goods or services on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets or equipment on this PO.

1-1 FY23 allocation for the Lab for pharmaceutical & related healthcare products

Schedule Total \$50,000.00

Item Total PO Amount \$50,000.00

\$50,000.00

\$50,000.00

9/01/2022

\$50,000.00

\$50,000.00

9/01/2022

\$50,000.00

\$50,000.00

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 Perg. CTCD

06/21/2022