Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order	HHSTX-3-0	0000292830
specifications, terms	rmal bid, Invitation for Offer, or Reque , and conditions set forth in the advertis	sement and vendor's	Date 09/01/22	Revision	Page 1
guarantees goods or requirements. All shipments, ship	forming responses become a part of this numbered purchase order. Contractor translates goods or services delivered meet or exceed numbered purchase order uirements. Ship To: 4038 - Corpus Christi:902 A HEALTH & HUMAN SERV 902 Airport Rd Corpus Christi TX 78405		1	COMMISSION	
Vendor: 174	2523929 4		Bill To:	Invoice - DADS	

X-RAY ON WHEELS INC

PO BOX 60577

CORPUS CHRISTI TX 784660577

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

432/263-9617 Atchley, Cindy Jean Purchaser: Line-Sch **UOM Inventory Item ID - Line Description** Class/Item Quantity PO Price **Extended Amt Due Date**

FY23 Funding EX/0 Legal Čite 2155.144; Client Purchase PO must not exceed \$10,000.00 PO Amount: \$5,000.00

Requisition 0000185600; For CCSSLC Group Homes

Rate: Current Medicaid/Medicare approved rates and/or negotiated rates per individual needs.

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

Client Medical Services as needed:

Take/Read X-Rays

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: Angie Stroleny Phone: 361-881-9142

Email: angie@x-rayonwheels.com

For: Agency/Facility: HHSC/Corpus Christi State Supported Living Center (CCSSLC)/ Group Homes

Facility Contract Manager: Christine Cruz. CTCM Phone: 361-888-5301 #7507 Email: christine.cruz@hhs.texas.gov

Facility SME Contact: John Henley Phone: 361-241-5312

Email: john.henley@hhs.texas.gov

PCS Contact: Cindy Atchley, CTCD Phone: 432-263-9617

Email: cindy.atchley@hhs.texas.gov

Health and Human Services Commission

Purchase Order

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Revision

Ship Via

NONE

Payment Terms

Net 30

Freight Terms

N/A, Service, Pick up, etc.

If advertised by informal bid, Invitation for Offer, or Request for Proposal; all

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specifications, terms, and conditions set forth in the advertisement and vendor's			09/01	09/01/22				
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.					HEALT 902 Air Corpus	4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405		
Vendor:	1742523929 4 X-RAY ON WHEELS INC PO BOX 60577 CORPUS CHRISTI TX 784660577 United States	EELS INC		Bill T	To: Invoice HEALT 4001 Hi Brenhar	United States Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
					Fax: 979/277 Email: 712Acc	1-1865 ounting@hhs.texas.gov		
						,,	432/263-9617	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Pric	e Extended Am	t Due Date	
1-1	FY23 Client Medical Services as needed; Take/Read X-Rays; For CH3 CCSSLC- Group Home/ River Forest Residents; Reqn 185600	948-97	1.00	LOT	2500.0000	0 \$2,500.00	09/01/2022	
					Schedule Tota	\$2,500.00	_	
VENDORS	SEND INVOICES VIA EMAIL TO: 712acco	ounting@hhs.te	xas.gov		Item Total for Line	1 \$2,500.00	_	
2-1	FY23 Client Medical Services as needed; Take/Read X-Rays; For CH3 CCSSLC- Group Home/Castle River Residents; Reqn 185600	948-97	1.00	LOT	2500.0000	0 \$2,500.00	09/01/2022	
					Schedule Tota	\$2,500.00	_	
VENDORS	SEND INVOICES VIA EMAIL TO: 712acco	ounting@hhs.te	xas.gov		Item Total for Line		_	
					Total PO Amour	s5,000.00	-	

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

Cindy atchley, CTCD

06/29/2022