

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> N/A, Service, Pick up, etc.	<b>Ship Via</b> NONE	<b>Purchase Order</b> <b>HHSTX-3-0000293031</b>
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.			<b>Date</b> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States

**Vendor:** 1742152396 4  
KCI USA INC  
PO BOX 301557  
DALLAS TX 753031557  
United States

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
2501 Maple St  
PO Box 451  
Abilene TX 79602  
United States

**Fax:** 325/795-3807  
**Email:** 710Accounting@hhsc.state.tx.us

**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 Legal Cite 2155.144; Client Purchase  
PO must not exceed \$10,000.00  
PO Amount: \$4,999.99  
Requisition 0000189089  
Pricing per Quote dated 3/15/2022  
Rate: Rental ActiV.A.C. Therapy Unit @ \$64.46 /Day

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

Client Services as needed:  
Rental of ActiV.A.C. Therapy Unit / DME

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:  
Joseph Paulino  
Phone: 325-260-7635  
Email: jpaulino@mmm.com

For: Agency/Facility: HHSC/Abilene State Supported Living Center (ABSSLC)

Facility Contract Manager:  
Heather Barlow, CTCM  
Phone: 325-795-3444  
Email: heather.barlow@hhs.texas.gov

Facility SME Contact:  
Becky Melton  
Phone: 325-795-3292  
Email: rebecca.williams2@hhs.texas.gov

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

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY23 Services; Rental ActiV.A.C. Therapy Unit/DME; For CG9-ABSSLC; Reqn 189089	979-45	1.00	LOT	4999.99000	\$4,999.99	09/01/2022
<b>Schedule Total</b>						\$4,999.99	
<b>Item Total for Line 1</b>						\$4,999.99	
<b>Total PO Amount</b>						\$4,999.99	

Vendors send invoices via email to: 710accounting@hhsc.state.tx.us

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.

<b>Authorized By</b> <i>Cindy Atchley, CTCD</i>	<b>06/30/2022</b>
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