## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

940/720-8479

Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	STX-3-0000293357
specification	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>Revision</b> 1 - 7/5/2022	Page 1
guarantees go requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s.  ts, shipping papers, invoices, and corres rchase Order Number.	numbered purchase order	Ship To:	4546 - Austin:1100 W 49 DEPARTMENT OF STA 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	ATE HEALTH SERVICES
Vendor:	1352186625 4 IDEXX DISTRIBUTION INC PO BOX 101327 ATLANTA GA 303921327 United States		Bill To:	Invoice-DSHS Fiscal Clai DEPARTMENT OF STA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ims TE HEALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

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

Purchaser:

Wherry, Valerie F

PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

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 Allowed

DELIVERY: 7-14 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

AGENCY CONTACT: Chris Malota (512)776-7611

chris.malota@dshs.texas.gov

Ship to Attn: Chris Malota

Building and Room number:Laboratory L-420

HHSC BUYER: Valerie Wherry, CTCD (940)720-8479 valerie.wherry@hhs.texas.gov

VENDOR: Amanda Nowinski (800)321-0207 water@idexx.com

Informal IFB 537-3-0000189304

PURCHASING METHOD: OM/F Purchase Not to Exceed \$25,000

#### REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO.

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2023, will be considered cancelled.

# **Department of State Health Services**

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Payment Te	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-(	0000293357
specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	vertisement and vendor's	<b>Date</b> 09/01/22	<b>Revision</b> 1 - 7/5/2022	Page 2
guarantees governments All shipmen	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:	1352186625 4 IDEXX DISTRIBUTION INC PO BOX 101327 ATLANTA GA 303921327 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEAL 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	TH SERVICES

**Fax:** 512/458-7442

Email: invoices@dshs.texas.gov

				Purchaser:	Wherry, Valerie F	940/720-8479
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

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

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 funding.

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

Requisition #0000189304

1-1	WP-200I; COLILERT-24	175-13	15.00	PKG	\$698.47	\$10,477.05	09/01/2022
					Schedule Total	\$10,477.05	
					Item Total for Line 1	\$10,477.05	
2-1	WP-200I-18; COLILERT 18	175-13	2.00	PKG	\$698.47	\$1,396.94	09/01/2022
					Schedule Total	\$1,396.94	
					Item Total for Line 2	\$1,396.94	
3-1	WP-104; COLILERT P/A COMPARATOR	175-13	6.00	EA	\$8.17	\$49.02	09/01/2022
					Schedule Total	\$49.02	
					Item Total for Line 3	\$49.02	
4-1	ESTIMATED SHIPPING	963-39	1.00	LOT	1000.00000	\$0.00	CANCEL
					Schedule Total	\$0.00	
Shipping line	e cancelled. N/A was quoted by vendor	: valwherry			Item Total for Line 4	\$0.00	
					<b>Total PO Amount</b>	\$11,923.01	

# **Department of State Health Services**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	ŀ	HSTX-3-0000293357	
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Date</b> 09/01/22	<b>Revision</b> 1 - 7/5/2022		
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Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

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

Valerie Wheny, CTCD

07/06/2022