

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms No Shipment Involved	Ship Via NO SHIP	Purchase Order HHSTX-3-0000293535
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 5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston Richmond TX 77469 United States
			Page 1

Vendor: 1202884246 1
ZAP MEDICAL SERVICES INC
PO BOX 301278
HOUSTON TX 772301278
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Mckelvy,Michael

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
Requisition 0000194719
Quoted Rate: 4-07-2022 - Medicare/Medicaid rates confirmed.

PO Service Dates 09-01-2022 to 08-31-2023

Services to be performed: Ambulance 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/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
1202884247
ZAP Medical Services

Agency contact
Ana Kruse
281-344-4648
Ana.Kruse@hhs.Texas.gov
RSSLC

PCS contact
Mike McKelvy; CTCD, CTCM
512-406-2579
Mike.McKelvy@hhs.Texas.gov

1-1	FY23 Services CH9 RSSLC Ambulance Services as needed	948-12	1.00	LOT	10000.00000	\$10,000.00	09/01/2022
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Schedule Total	\$10,000.00
Item Total for Line 1	\$10,000.00

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Total PO Amount \$10,000.00

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  CTCD, CTM	07/07/2022
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