Health and Human Services Commission

Purchase Order

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 Revision All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. Ship To: 5059 - Kerrville:721 Thom HEALTH & HUMAN SEE 721 Thompson Dr Kerrville TX 78028 United States Vendor: 1746083124 5 HILL COUNTRY MEMORIAL HOSPITAL PO BOX 835 FREDERICKSBURG TX 786240835 United States Bill To: Invoice-DSHS Accounts P HEALTH & HUMAN SEE 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States Fax: 210/531-7883 SAHAccounting@dshs.tex Purchaser: Fletcher,Patricia Rose	RVICES COMMISSION ayable RVICES COMMISSION		
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Email: SAHAccounting@dshs.tex Purchaser: Fletcher,Patricia Rose Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price External Agency Contact: H. Clancy Phone: 830/258-5211 HSC PCS CONTACT: Patricia Fletcher Phone: 512-406-2538 Fletcher@hhsc.state.tx.us Please find a copy of our standard terms and conditions attached. Please confirm receipt of this purchase order. Please confirm receipt of this purchase order. NOTE: FREIGHT TERMS ARE FOB DESTINATION PREPAY AND ALLOW ***Please send all Kerrville State Hospital invoices directly to: SAHAccounting@dshs.texas.gov or fax 210-531-7883*** Flease do not ship or invoice prior to 9/1/2022. If by the Agency contact.	as.gov		
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	Do not ship until notified		
(FY23 for CTD) CPR ECards, CPR Certificates	52,500.00 09/01/2022 52,500.00		
Item Total for Line 1	62,500.00		
-1 966-28 1.00 LOT 250.00000 (FY23 for CTD) Training Center Fee	\$250.00 09/01/2022		
Schedule Total	\$250.00		
Item Total for Line 2	\$250.00		
8-1 966-28 1.00 LOT 192.50000 (FY23 for CTD) Intructor Review for:			

Health and Human Services Commission

Purchase Order

Payment To	erms Freight Terms	Ship Via			Biopa	
Net 30	FOB Dest. Prepaid & Allowed	BEST WAY	Purchase Order		HHSTX-3-00	00294205
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			Fax: Email:	210/531-788 SAHAccoun	3 ting@dshs.texas.gov	
			Purchaser:	Fletcher, Patricia Rose		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
	Jonathon Hierholzer, Corey Brooks & Shann Weyand					
			Sche	edule Total	\$192.50	
			Item Total	for Line 3	\$192.50	
			Total P	O Amount	\$2,942.50	

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	
Patricia Hetcher, CTPM	

<u>07/13/2022</u>

Dispatch via Print