

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000294866</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> 1990 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) Ste 605 Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1202046702 8  
MCKESSON MEDICAL SURGICAL GOVERNMENT SOL  
PO BOX 531288  
ATLANTA GA 303531288  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Perez,Aurora Dianne

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

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 and Allowed

DELIVERY: 3-5 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

CONTRACT MANAGER/INVOICE CONTACT:

Lisa Newlin  
512-776-3021  
Lisa.newlin@hhs.texas.gov

Ship to Attn: Nanci Otts  
432-571-4125  
Nanci.otts@dshs.texas.gov

HHSC BUYER:  
Dianne Perez, CTCD  
512-406-2493  
Dianne.perez@hhs.texas.gov

VENDOR:  
McKesson  
800-328-8111  
Government.sales@mckesson.com

MMCAP GPO and DSHS Contract # HHS000629500001

PURCHASING METHOD: EX/0  
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 187746

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

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000294866</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> 1990 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) Ste 605 Austin TX 78756 United States
			<b>Page</b> 2

**Vendor:** 1202046702 8  
MCKESSON MEDICAL SURGICAL GOVERNMENT SOL  
PO BOX 531288  
ATLANTA GA 303531288  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Perez, Aurora Dianne

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

Any goods or services not ordered and received by August 31, 2023 will be considered cancelled.

Amount may be increased/decreased upon need.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

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

Note: Agency will not order goods or services on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets or equipment on this PO.

1-1	FY23 allocation for PHR 9/10 Midland for pharmaceutical & related healthcare products	269-72	1.00	LOT	400.00000	\$400.00	09/01/2022
<b>Schedule Total</b>						\$400.00	
<b>Item Total for Line 1</b>						\$400.00	
2-1	FY23 allocation for PHR 9/10 Midland for pharmaceutical & related healthcare products	269-72	1.00	LOT	400.00000	\$400.00	09/01/2022
<b>Schedule Total</b>						\$400.00	
<b>Item Total for Line 2</b>						\$400.00	
3-1	FY23 allocation for PHR 9/10 Midland for pharmaceutical & related healthcare products	269-72	1.00	LOT	400.00000	\$400.00	09/01/2022
<b>Schedule Total</b>						\$400.00	
<b>Item Total for Line 3</b>						\$400.00	

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000294866</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> 1990 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) Ste 605 Austin TX 78756 United States
			<b>Page</b> 3

**Vendor:** 1202046702 8  
MCKESSON MEDICAL SURGICAL GOVERNMENT SOL  
PO BOX 531288  
ATLANTA GA 303531288  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Perez, Aurora Dianne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
<b>Total PO Amount</b>						\$1,200.00	

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**

*Diane Perez, CTCIS*

**07/18/2022**