Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00002976	312
specifications, terms	ormal bid, Invitation for Offer, or las, and conditions set forth in the ac	dvertisement and vendor's	Date 09/01/22	Revision F	Page 1
guarantees goods or requirements.	es become a part of this numbered services delivered meet or exceed oping papers, invoices, and corre Order Number.	numbered purchase order	Ship To:	4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States	[
Vendor: 17-	42523929 4		Bill To:	Invoice - DADS	

X-RAY ON WHEELS INC

PO BOX 60577

CORPUS CHRISTI TX 784660577

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

512/406-2677 Coleman, Rosetta V Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item **UOM** Quantity PO Price Extended Amt **Due Date**

FY23 funding

EX/0 Legal Cite 2155.144 Client Purchase

PO must not exceed \$10,000.00

Requisition 0000199214

Pricing per Quote ** Rates: Current Medicaid/Medicare approved rates and/or negotiated rates per individual basis.**

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

Services to be performed: X-Ray Services CCSSLC

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 1742523929 X-RAY ON WHEELS INC

Name: Angie Stroleny -Administrator

Phone: 361-881-9142

Email: angie@x-rayonwheels.com

Agency Contact

Lead Contact (Program SME) Name: GABRIELLE FINZEL Lead Contact Email: gabrielle.finzel@hhs.texas.gov

Lead Contact Phone: 361-888-5301

Contract Manager Name: CHRISTINE CRUZ Contract Manager Email: christine.cruz@hhs.texas.gov Contract Manager Phone: 361-888-5301 ext 7507

PCS contact: Rosetta Coleman, CTCM, CTCD

Phone number: (512)-406-2677

Email address: rosetta.coleman03@hhs.texas.gov

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

00029761	HHSTX-3-00	HH	Order	Purchase Order		BEST	Prepaid & Allow	Net 30
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OMMISSION		1 Highway 36 Sou nham TX 77833	HEALTH 4001 Hig	Bill To:			523929 4 AY ON WHEELS INC SOX 60577 PUS CHRISTI TX 784660577 ed States	Vendor:
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Due Date	Extended Amt	Price 1	PO Price	UOM	Quantity	Class/Item	ory Item ID - Line Description	ine-Sch
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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	
Rosetta Coleman, CTCM	
	08/09/2022