

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-3-0000297638
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 Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1742523929 4
X-RAY ON WHEELS INC
PO BOX 60577
CORPUS CHRISTI TX 784660577
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: Coleman, Rosetta V 512/406-2677

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

FY23 funding

EX/0 Legal Cite 2155.144 Client Purchase

PO must not exceed \$10,000.00

Requisition 0000199255

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 Service for CH3 Group Home Castle River Residents

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

Vendor Contact: Angie Stroleny-Administrator
Vendor Phone: 361-881-9142
Vendor Email: angie@x-rayonwheels.com

Agency Contact:
Lead Contact (Program SME) Name: JOHN HENLEY
Lead Contact Email: john.henley@hhs.texas.gov
Lead Contact Phone: 361-241-5312

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

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-3-0000297638
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 Page 2
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1742523929 4
X-RAY ON WHEELS INC
PO BOX 60577
CORPUS CHRISTI TX 784660577
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: Coleman, Rosetta V 512/406-2677

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

Phone number: (512)-406-2677
Email address: rosetta.coleman03@hhs.texas.gov

1-1	FY23 SERVICES TAKING X-RAYS FOR CH3 GROUP HOME CASTLE RIVER RESIDENTS	948-97	1.00	LOT	2500.00000	\$2,500.00	09/01/2022
-----	---	--------	------	-----	------------	------------	------------

Schedule Total \$2,500.00
Item Total for Line 1 \$2,500.00

2-1	FY23 SERVICES TAKING X-RAYS FOR RIVER FOREST RESIDENTS CH3 CCSSLC	948-97	1.00	LOT	2500.00000	\$2,500.00	09/01/2022
-----	---	--------	------	-----	------------	------------	------------

Schedule Total \$2,500.00
Item Total for Line 2 \$2,500.00

Total PO Amount \$5,000.00

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

Ronita Coleman, CTCM

08/09/2022