Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via	Barrella and Carlon	L	HSTX-3-0000297954
specifications	Prepaid & Allow by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac-	lvertisement and vendor's	Purchase Order Date 09/01/22	Revision	Page 1
guarantees go requirements. All shipment	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
Vendor:	1481201738 3 FIRST BIOMEDICAL INC DBA INFUSYSTEM 11130 STRANG LINE RD LENEXA KS 662152122		Bill To:	Texas Center for In DEPARTMENT Of 2303 SE Military D San Antonio TX 78 United States	F STATE HEALTH SERVICES

				Purchaser:	Frank,Krystal	512/406-2632
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY23 funding OM/Q Requisition 183820 - Solicitation REQ 183820 PO Service Dates 09-01-2022 to 08-31-2023

United States

Attached Terms and Conditions apply to this Purchase Order.

FY23 IV MARCHINE RENTAL

/TUBING SUPPLIES

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 Katie OConnor 913-529-8957 Katie.OConnor@infusystem.com

Agency contact Regina Rabago 210-531-4940 regina.rabago@dshs.texas.gov Facility TCID

PCS contact Krystal Frank 512-406-2632 Krystal.frank@hhs.texas.gov

1-1 979-45 1.00 LOT 12000.00000 \$12,000.00 09/01/2022

Schedule Total _____\$12,000.00

Item Total for Line 1 \$12,000.00

Total PO Amount \$12,000.00

Department of State Health Services

Purchase Order

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Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	3-0000297954	
specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	vertisement and vendor's	Date 09/01/22	Revision	Page 2	
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Vendor:	lor: 1481201738 3 FIRST BIOMEDICAL INC DBA INFUSYSTEM 11130 STRANG LINE RD LENEXA KS 662152122 United States		Bill To:	Texas Center for Infectious Di DEPARTMENT OF STATE HEALTH SERVICES 2303 SE Military Dr San Antonio TX 78223 United States		

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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

Yruptal Funk, CTCD

08/11/2022