Department of State Health Services

Purchase Order

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Ship Via **Payment Terms** Freight Terms HHSTX-3-0000298537 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/22 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 1742861951 8 Bill To: Invoice-DSHS Fiscal Claims Vendor: UNIFIRST HOLDINGS INC DEPARTMENT OF STATE HEALTH SERVICES 68 JONSPIN RD 1100 W 49th St (RBB) WILMINGTON MA 018871090 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Cortes,Leticia C 512/406-2609 Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price Due Date** Extended Amt

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

Blanket Purchase Order Term: 09/01/2022 to 08/31/2023

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday to Friday except designated State Holidays

QUOTE # 08112022 Jason McFarland

AGENCY DELIVERY CONTACT: Lisa Hutson 512-776-2423 Lisa.Hutson@dshs.texas.gov

Contract Manager Darlene Winzenried 512-776-6586 Darlene.winzenried@dshs.texas.gov

HHSC BUYER: Leticia Cortes 512-406-2609 Leticia.cortes@hhs.texas.gov

VENDOR: Unifirst Holdings Inc. Jason McFarland 512-385-3320 Jaon_McFarland@UniFirst.com

SOURCEWELL GPO and DSHS Contract HHS000977600001

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

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY 2023 funding.

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Freight Terms

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Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/22 conforming responses become a part of this numbered purchase order. Contractor 4546 - Austin:1100 W 49th St (DBGL Ship To: guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 1742861951 8 Bill To: Invoice-DSHS Fiscal Claims Vendor: UNIFIRST HOLDINGS INC DEPARTMENT OF STATE HEALTH SERVICES 68 JONSPIN RD 1100 W 49th St (RBB) WILMINGTON MA 018871090 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov 512/406-2609 Purchaser: Cortes,Leticia C Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date Invoice per 34 TAC §20.487, amended effective May 1, 2022 Requisition 000018654 1.00 LOT 20303.52000 \$20,303.52 09/01/2022 954-70 tem# Lab coat rental - red cap white lab coats 80/20 polyester/cotton comb; Wrap around smocks w/ties white, one upper and one lower pocket 65/35. Fluid Resistant Lab Coat with pockets (to cover 12 MONTHS) \$20,303.52 Schedule Total \$20,303.52 Item Total for Line 1 954-70 1.00 LOT 3000.00000 \$3,000.00 09/01/2022 Mat Rental - Floor mat weekly rental, weekly delivery includes ¿ Styles 3 each 3x5 appearance mats, 3 each 3x5 scraper mats, 4 each 4x6 appearance mats, 2 each 4x6 scraper mats, 4 each 3x10 appearance mats (to cover 12 months) Schedule Total \$3,000.00 Item Total for Line 2 \$3,000.00 954-70 1.00 LOT 15000.00000 \$15,000.00 09/01/2022 Lab Coat Customizations, Damage/Repairs, Lost/Replacement Costs - Pocket 65/35, to include creation, alterations, emblem/embroidery fees, service fees and replacement fees. (To cover 12 months) **Schedule Total** \$15,000.00 Item Total for Line 3 \$15,000.00

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Vendor:	UNIFI 68 JON WILM	1742861951 8 UNIFIRST HOLDINGS INC 68 JONSPIN RD WILMINGTON MA 018871090 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: Email:		512/458-7442 invoices@dshs.texas.gov					
			Purch	Purchaser: Cortes		-eticia C 512/406-2609				
Line-Sch	Inventor	y Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
4-1	include to fee and re sizeappro must be a	ntal & laundry service, to owel, laundry service, service eplacement fees. Towel ox, bath hand towel size. Towel obsorbent. 1,500 glass towels icrofiber towels (to cover 12	954-70	1.00	LOT	12	999.96000	\$12,999.96	09/01/2022	
						Schedule Total		\$12,999.96		
						Item Total f	for Line 4	\$12,999.96		
						Total PC	O Amount	\$51,303.48		

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 * Acticia Contes, CTCD 08/16/2022

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