## **Health and Human Services Commission**

### **Purchase Order**

Payment Terms	s Freight Terms	Ship Via				ch via Print
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	der HHSTX-3-0000299197		
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/22	RevisionPage5059 - Kerrville:721 Thompson DrHEALTH & HUMAN SERVICES COMMISSION721 Thompson DrKerrville TX 78028United States		
			Ship To:			
Vendor:	1760532930 3 KMED INC 4606 MOORLAND CT SUGAR LAND TX 774793982 <b>United States</b>		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
			Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov	
			Purchaser:	Connell,Ron Le		
Line-Sch In	ventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date

FY23 General Goods Blanket Purchase Order SP/E Requisition #: HHSTX-3-0000200226

Requester Name: Terry Jane Mohnke Facility: Kerrville State Hospital Phone #: 830-258-5284 Email: jane.mohnke@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666 Email: ron.connell@hhs.texas.gov

Vendor Name: KMED INC Contact: Brett Kunnenman Phone #: 888-857-6065 Email: brett@kmedmedical.com

Goods and/or services are to be delivered and invoiced after September 1, 2022. This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Blanket Transactional Purchase Order FY23 (9/1/2022 through 8/31/2023) for Kerrville State Hospital. Total contract value is \$5,000.00 with no renewals. Total amount cannot exceed \$5,000.00 without authorization from the agency and PCS Purchaser. Contractor will deliver products within three (3) days after release/call out has been received from the facility requestor. HHSC does not commit to ordering specific dollar amounts with respect to this contract. Quantities may be increased or decreased upon need during the term of the contract. Forecasted quantities are estimates only and do not constitute a guarantee of purchase. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-23 are automatically cancelled.

#### \*\* VENDORS SEND INVOICES VIA EMAIL TO \*\* SAHACCOUNTING@dshs.texas.gov

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

\*\* ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY23. \*\*

# **Health and Human Services Commission**

## **Purchase Order**

Payment TermsFreight TermsShip ViaNet 30Prepaid & AllowBEST WAYPurchase Order	HSTX-3-0000299197		
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 09/01/22	Page 2		
	Kerrville TX 78028		
Vendor:1760532930 3 KMED INC 4606 MOORLAND CT SUGAR LAND TX 774793982 	AN SERVICES COMMISSION els		
Fax:210/531-7883Email:SAHAccounting@d	shs.texas.gov		
Purchaser: Connell,Ron Lee			
Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price	Extended Amt Due Date		
Maintenance Contact: Fred Andreas Maintenance Contact Email: fred.andreas@hhs.texas.gov Maintenance Contact Phone: 830-896-2211, x6144			
Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, E Freight Terms are FOB Destination Prepaid and Allowed/Add. Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the			
1-1 287-72 1.00 LOT 5000.00000 FY23 Biomedical Parts for Maintenance & Repair, Blanket for CF8, F3D-KSH	\$5,000.00 09/01/2022		
Schedule Total	\$5,000.00		
Item Total for Line 1	\$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

Reef.

08/25/2022

**Dispatch via Print**