Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	-3-0000299567
specification	by informal bid, Invitation for Offer, or F s, terms, and conditions set forth in the ac	lvertisement and vendor's	Date 09/01/22	Revision 1 - 8/31/2022	Page 1
guarantees gorequirements All shipmen	responses become a part of this numbered bods or services delivered meet or exceed ts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th St DEPARTMENT OF STATE H 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	,
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE H 1100 W 49th St (RBB) PO Box 149347	EALTH SERVICES

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Austin TX 78756 United States

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

PAYMENT INFORMATION:
PO BILL TO INFORMATION
DSHS
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

United States

AGENCY CONTACT: CHRISTOPHER JONES PHONE #: 512-776-3371

CHRISTOPHER.JONES@DSHS.TEXAS.GOV

Ship to Attn: CHRISTOPHER JONES

HHSC BUYER: SHARONDA HOLTON, CTCD 512-406-2464 SHARONDA.HOLTON@HHS.TEXAS.GOV

VENDOR: VID: 1061182317

Contractor: ACCUSTANDARD INC Email: orders@accustandard.com

Phone: 203-786-5290 Phone: 800-442-5290

125 Market Street, New Haven, CT 06513 USA

Quote # SOW

PURCHASING METHOD: SP/E

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

Requisition # 0000189384

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000299567
specifications, terms	rmal bid, Invitation for Offer, or , and conditions set forth in the a	advertisement and vendor's	Date 09/01/22	Revision 1 - 8/31/2022	Page 2
guarantees goods or requirements.			Ship To:	4546 - Austin:1100 W 49 DEPARTMENT OF STA 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	`
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Vendor: 1061182317 9

ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031

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: 512/458-7442

Email: invoices@dshs.texas.gov

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

FLOOR: 6th

CONTACT: Christopher Jones PHONE #: 512-776-3371

1-1 193-36 2.00 EA 60.00000 \$120.00 09/01/2022

M-531M N-METHYL CARBAMOYL OXIMES & N-METHYL CARBAMATES

Schedule Total \$120.00

FY23 2562 Consumables

Line Item 28. Items to be shipped immediately as available from vendor. Allow extra shipping charges to ship items as available rather than only 1 shipment for all items. Shipping charges may vary.

Line items 18,19,20 are custom mixes that Accustandard has prepared in the past and should be able to again.

*****All items to be of newest inventory lots with latest expiration dates.****

VENDOR NAME: VID: 1061182317 AccuStandard, Inc. 125 Market Street New Haven, CT 06513 USA

Telephone +1 (203) 786-5290 / 800-442-5290

https://www.accustandard.com/

PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756

CODE # 3063

FOR DSHS INTERNAL DELIVERY INFO: BUILDING: Laboratory L114 FLOOR: 6th CONTACT: Christopher Jones

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via					
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX	-3-0000299567		
specifications, terms	rmal bid, Invitation for Offer, or , and conditions set forth in the a	dvertisement and vendor's	Date 09/01/22	Revision 1 - 8/31/2022			
guarantees goods or requirements.			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States			
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Vendor: 1061182317 9

ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031

United States

Bill To: Invoice-DSHS Fiscal Claims

DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB)

1100 W 49th St (RB PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

PHONE #: 512-776-3371

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H41000

ROOM NUMBER: L641 PROGRAM CODE: 936

INTERNAL DELIVERY CODE: 4546

Requester INFO:

Requester Name: Christopher Jones

Requester Phone Number/area code: 512-776-3371

Requester E-mail address: Christopher.Jones@dshs.texas.gov

SCOR DIVISION: DSHS- Infectious Disease

SCOR DIVI	SION: DSn5- injectious Disease				Item Total for Line 1	\$120.00	
2-1	M-531-QC-R METHOD 531 - PERFORMANCE CHECK SOLUTION	193-36	2.00	EA	30.00000	\$60.00	09/01/2022
					Schedule Total	\$60.00	
					Item Total for Line 2	\$60.00	
3-1	M-502B-10X-PAK VOLATILE ORGANIC CMPDS - GASES, 5X1ML	193-36	2.00	EA	140.00000	\$280.00	09/01/2022
					Schedule Total	\$280.00	
					Item Total for Line 3	\$280.00	
4-1	M-502A-R-10X-PAK VOLATILE ORGANIC COMPOUNDS - LIQUIDS	193-36	2.00	EA	320.00000	\$640.00	09/01/2022
					Schedule Total	\$640.00	
					Item Total for Line 4	\$640.00	

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			10TV 0 00000050T	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	H	HSTX-3-0000299567	
specifications, terms, a	nal bid, Invitation for Offer, or and conditions set forth in the a	advertisement and vendor's	Date 09/01/22	Revision Page 1 - 8/31/2022		
guarantees goods or se requirements.			Ship To:	4546 - Austin:1100 W DEPARTMENT OF S 1100 W 49th St (DBC PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES	

Vendor: 1061182317 9

ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031

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: 512/458-7442

				Purcha	ser: Holton, Sharonda	5	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
5-1	M-504.1-CSS-PAK METHOD 504.1 - CALIBRATION STOCK SOLUTION	193-36	2.00	EA	60.00000	\$120.00	09/01/2022
					Schedule Total	\$120.00	
					Item Total for Line 5	\$120.00	
6-1	M-508.1-ASL-PAK METHOD 508.1 (SDWA) REGULATED PESTICIDE MIX	193-36	2.00	EA	240.00000		09/01/2022
					Schedule Total	\$480.00	
					Item Total for Line 6	\$480.00	
7-1	M-508-IS-10X PENTACHLORONITROBENZENE	193-36	8.00	EA	20.00000		09/01/2022
					Schedule Total	\$160.00	
					Item Total for Line 7	\$160.00	
8-1	M-508.1-DS-100X-PAK DECOMPOSITION SOLUTION	193-36	2.00		60.00000		09/01/2022
					Schedule Total	\$120.00	
					Item Total for Line 8	\$120.00	
9-1	M-515.4A-PAK UNDERIVATIZED ACIDS	193-36	2.00	EA	280.00000	\$560.00	09/01/2022
					Schedule Total	\$560.00	
					Item Total for Line 9	\$560.00	

Purchase Order

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Payment Terms	Freight Terms	Ship Via			TV 0 000000507	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000299567	
specifications, terms, a	nal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement and vendor's	Date 09/01/22	Page 5		
guarantees goods or se requirements.	become a part of this numbered rvices delivered meet or exceed		Ship To:	4546 - Austin:1100 W 49 DEPARTMENT OF STA' 1100 W 49th St (DBGL)	`	
with our Purchase Or		espondence must be identified		PO Box 149347 Austin TX 78756 United States		

Vendor: 1061182317 9

ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031

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: 512/458-7442

				Purcl	haser: Holton, Sharonda	a 5	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
10-1	M-552.2-SS 2,3- DIBROMOPROPIONIC ACID	193-36	15.00	EA	10.00000	\$150.00	09/01/2022
					Schedule Total	\$150.00	
					Item Total for Line 10	\$150.00	
11-1	M-552.2-LPC-WL-25ML LAB PERFORMANCE CHECK SOLUTION	193-36	30.00	EA	30.00000	\$900.00	09/01/2022
					Schedule Total	\$900.00	
					Item Total for Line 11		
						#2 2222	
12-1	P-197S-10X TRIFLURALIN	193-36	5.00	EA	24.00000	\$120.00	09/01/2022
					Schedule Total	\$120.00	
					Item Total for Line 12	\$120.00	
13-1	P-191S-10X BUTACHLOR	193-36	5.00	EA	24.00000	\$120.00	09/01/2022
					Schedule Total	\$120.00	
					Item Total for Line 13	\$120.00	
14-1	M-501-10X-PAK TRIHALOMETHANES MIX	193-36	2.00	EA	80.00000	\$160.00	09/01/2022
					Schedule Total	\$160.00	
					Item Total for Line 14	\$160.00	
15-1	M-549.1 DIQUAT AND PARAQUAT	193-36	2.00	EA	22.00000	\$44.00	09/01/2022

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	ГХ-3-0000299567
specifications, terms	rmal bid, Invitation for Offer, or I, and conditions set forth in the ac	lvertisement and vendor's	Date 09/01/22	Revision 1 - 8/31/2022	Page 6
guarantees goods or requirements.	es become a part of this numbered services delivered meet or exceed ping papers, invoices, and corre Order Number.	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th DEPARTMENT OF STAT 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	`

Vendor: 1061182317 9

ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031

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: 512/458-7442

				Purc	chaser: Holton, Sharonda	5	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$44.00	
					Item Total for Line 15	\$44.00	
16-1	CLP-022K-10X TCL KETONE MIX	193-36	10.00	EA	25.00000	\$250.00	09/01/2022
					Schedule Total	\$250.00	
					Item Total for Line 16	\$250.00	
17-1	M-524-FS-PAK FORTIFICATION SOLUTION	193-36	2.00	EA	100.00000	\$200.00	09/01/2022
					Schedule Total	\$200.00	
					Item Total for Line 17	\$200.00	
18-1	S-67083-R1 CUSTOM METHOD 508.1 PESTICIDE STD. 200UG/ML IN MTBE, 1ML VIALS,	193-36	10.00	EA	140.00000	\$1,400.00	09/01/2022
					Schedule Total	\$1,400.00	
					Item Total for Line 18	\$1,400.00	
19-1	S-75483. CUSTOM PESTICIDE STANDARD, 500UG/ML IN ACETONE. 1ML VIALS	193-36	10.00	EA	100.00000	\$1,000.00	09/01/2022
					Schedule Total	\$1,000.00	
					Item Total for Line 19	\$1,000.00	
20-1	S-91089. CUSTOM VOC STANDARD, 2000UG/ML IN MEOH, 1ML VIALS	193-36	10.00	EA	103.00000	\$1,030.00	09/01/2022

Purchase Order

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Net 30 Prepaid & Allow BEST WAY 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. Purchase Order Revision 99/01/22 1 - 8/31/2022 7 Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756	Payment Terms	Freight Terms	Ship Via			TV 0 000000507	
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. Og/01/22 1 - 8/31/2022 7 Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756	Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	1X-3-0000299567	
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. Ship 10: 4346 - Austin:1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756	specifications, terms,	and conditions set forth in the a	dvertisement and vendor's		Page 7		
with our Purchase Order Number. Austin TX 78756	guarantees goods or so requirements.	ervices delivered meet or excee	d numbered purchase order	Ship To:			
United States			espondence must be identified				

Vendor: 1061182317 9

ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031

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: 512/458-7442

				Purch			12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$1,030.00	
					Item Total for Line 20	\$1,030.00	
21-1	C-242S-H-10X, AROCLOR 1242, 1000 ¿G/ML IN HEXANE	193-36	2.00	EA	20.00000	\$40.00	09/01/2022
					Schedule Total	\$40.00	
					Item Total for Line 21	\$40.00	
22-1	C-232S-H-10X, AROCLOR 1232, 1000 UG/ML IN	193-36	2.00	EA	20.00000	\$40.00	09/01/2022
					Schedule Total	\$40.00	
					Item Total for Line 22	\$40.00	
23-1	C-248S-H-10X, AROCLOR 1248, 1000 UG/ML IN	193-36	2.00	EA	20.00000	\$40.00	09/01/2022
					Schedule Total	\$40.00	
					Item Total for Line 23		
24-1	C-254S-H-10X, AROCLOR 1254, 1000 UG/ML IN	193-36	2.00	EA	20.00000	\$40.00	09/01/2022
					Schedule Total	\$40.00	
					Item Total for Line 24	\$40.00	
25-1	AS-E0111, TOXAPHENE, 1000 UG/ML IN	193-36	10.00	EA	32.00000	\$320.00	09/01/2022
	CO, III II V				Schedule Total	\$320.00	

Purchase Order

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Payment Tern	ns Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000	10299567
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 - 8/31/2022	8
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.			Ship To: 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SE 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		RVICES
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

					chaser: Holton, Sharon	nda 5	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 25	\$320.00	
26-1	C-260S-H-10X, AROCLOR 1260, 1000 UG/ML IN	193-36	2.00	EA	20.00000	\$40.00	09/01/2022
					Schedule Total	\$40.00	
					Item Total for Line 26	\$40.00	
27-1	M-548.1-IS ACENAPHTHENE-D10	193-36	2.00	EA	30.00000	\$60.00	09/01/2022
					Schedule Total	\$60.00	
					Item Total for Line 27	\$60.00	
28-1	LINE ITEM SHIPPING CHARGES	193-36	1.00	LOT	945.00000	\$945.00	09/01/2022
					Schedule Total	\$945.00	
					Item Total for Line 28	\$945.00	
					Total PO Amount	\$9,439.00	

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.

Purchase Order

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Payment T Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ŀ	HSTX-3-0000299567
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	Revision 1 - 8/31/2022	Page 9
			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 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.texa	is.gov
			Purchaser:	Holton,Sharonda	512/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

Authorized By

Shamdad Hotm, CTCD

08/31/2022