Department of State Health Services

Purchase Order

Dispatch via Print

Extended Amt

Due Date

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕ	STX-3-0000300178
specifications	by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac	dvertisement and vendor's	Date 09/08/22	Revision	Page 1
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 SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1770518772 6 AGILENT TECHNOLOGIES INC 4187 COLLECTION CENTER DR CHICAGO IL 606930041 United States		Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Fuentes.Michael	512/491-2879

Quantity

UOM

PO Price

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

Inventory Item ID - Line Description

DELIVERY: One Week After Receipt of PO

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

Class/Item

AGENCY CONTACT: Tammy Dunn 512 776-3357

Line-Sch

tammy.dunn@dshs.texas.gov

Ship to Attn: First Last Name Building: L-114 Room: L-641.2

HHSC BUYER: Michael Fuentes, CTCD 512-287-1710

Michael.Fuentes@hhs.texas.gov

VENDOR: Cole Price 515-290-9711 cole.price@agilent.com orders@agilent.com 800-227-9770 Opt.1

QUOTE # 4074080

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition#205583

Department of State Health Services

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guarantees go requirements All shipment				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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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov

				Purcha	aser: Fuentes, Michael	5	12/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	5182-3444 MERLIN MICROSEAL GENERAL PURPOSE REPLACEMENT MICROSEAL	938-63	10.00	EA	224.48000	\$2,244.80	09/16/2022
					Schedule Total	\$2,244.80	
					Item Total for Line 1	\$2,244.80	
2-1	5182-3442 MERLIN MICROSEAL STARTER KIT, GENERAL PURPOSE	938-63	10.00	EA	397.44000	\$3,974.40	09/16/2022
	,				Schedule Total	\$3,974.40	
					Item Total for Line 2	\$3,974.40	
3-1	ESTIMATED SHIPPING	962-86	1.00	LOT	50.00000	\$50.00	09/16/2022
					Schedule Total	\$50.00	
					Item Total for Line 3	\$50.00	
					Total PO Amount	\$6,269.20	

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
Mild Junto, CTPM

09/08/2022