

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000300538
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.			Date 09/16/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			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: 1043361624 9
PERKINELMER HEALTH SCIENCES INC
13633 COLLECTIONS CENTER DR
CHICAGO IL 606930136
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

Purchaser: Maldonado, Daniel Ray

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 14 Days 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

AGENCY CONTACT:
Amy Deleon
+1 (512) 776-3735
amy.deleon@dshs.texas.gov

Ship to Attn: Jennifer Gamber
Office L-216

HHSC BUYER:
Daniel Maldonado, CTCD
512-406-2649
Daniel.Maldonado01@hhs.texas.gov

VENDOR:
PerkinElmer Health Sciences, Inc.
Tom Torcia
203-872-9232
Thomas.Torcia@PerkinElmer.com
EHConsumableSales@perkinelmer.com

QUOTE # 22833056

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 # 0000205546

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			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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PERKINELMER HEALTH SCIENCES INC
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Quartz Ball Joint Injector 2.0 mm ID Material: WE023948	175-53	4.00	EA	506.70000	\$2,026.80	09/30/2022
Schedule Total						\$2,026.80	
Item Total for Line 1						\$2,026.80	
2-1	Quartz Cyclonic Spray Chamber Material: N8145013	175-53	3.00	EA	904.50000	\$2,713.50	09/30/2022
Schedule Total						\$2,713.50	
Item Total for Line 2						\$2,713.50	
3-1	Freight/Handling	962-24	1.00	EA	55.00000	\$55.00	09/30/2022
Schedule Total						\$55.00	
Item Total for Line 3						\$55.00	
Total PO Amount						\$4,795.30	

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

**Daniel
Maldonado**

Digitally signed by Daniel
Maldonado
Date: 2022.09.16
13:41 23 -05'00'

09/16/2022