

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000300624</b>
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.			<b>Date</b> 09/19/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 7800 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

**Vendor:** 1135315170 4  
PFIZER INC  
PO BOX 417510  
BOSTON MA 022417510  
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:** Wherry, Valerie F 940/720-8479

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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\*\*\*\*\*DO NOT MAIL VENDOR COPY\*\*\*\*\*

THIS ENCUMBRANCE IS AGAINST THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION CONTRACT #75D30122D14073

FOB Destination, Prepaid and Allowed  
Delivery: 7-10 Days After Receipt of PO

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Pharmacy Warehouse  
FLOOR: 1st  
CONTACT: Attn: Pharmacy Warehouse  
PHONE #: (512) 458-7500

AGENCY DELIVERY CONTACT:  
Brandy Tidwell  
(512)776-6429  
brandy.tidwell@dshs.texas.gov

HHSC BUYER:  
Valerie Wherry, CTCD  
(940)720-8479  
Valerie.wherry@hhs.texas.gov

PURCHASE MADE UNDER THE AUTHORITY OF TX. GOVT. CODE 2155.144 FOR CLIENT SERVICES.  
REQUISITION #205448 PCC: EX/0

CDC CONTRACT SITE: <https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

1-1	PCV20, PREVNAR 20@ 00005-2000-102, 10 PK 1 DS SYR	269-80	4000.00	VIA	172.99600	\$691,984.00	09/30/2022
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<b>Schedule Total</b>	\$691,984.00
<b>Item Total for Line 1</b>	\$691,984.00
<b>Total PO Amount</b>	\$691,984.00

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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**

*Valerie Wherry, CTCD*

**09/19/2022**