# **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	Preight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ННЅТХ	(-3-0000301303
specification	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			Revision	Page 1
guarantees governments All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s.  tts, shipping papers, invoices, and corres rechase Order Number.	numbered purchase order	Ship To:	1906 - Houston:5425 Polk St DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St Ste 420 Houston TX 77023 United States	
Vendor:	1271024029 7 NORTH AMERICAN RESCUE LLC PO BOX 360320 PITTSBURGH PA 15251-6320 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE I 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	HEALTH SERVICES

**Fax:** 512/458-7442 Email: invoices@dshs.texas.gov

510/406 0407

				Purchaser:	Angel, April Marie	512/406-2427
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

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:
Margaret Torres
512-596-9463
Margaret Torres@dshs taxas gov

Margaret.Torres@dshs.texas.gov

HHSC BUYER: April Angel, CTCD 512-406-2427 April.Angel@hhs.texas.gov

VENDOR: Kalla Ward 833-472-1163 kward@narescue.com info@BleedingKits.org

PURCHASING METHOD: SP/E

#### 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 0000205785

Invoice Approval Payment Request contact: Voroncia.Crayton@dshs.texas.gov and Swapna.Samuel@dshs.texas.gov

1-1	Tourniquet, Blue. Item#84-0001.	475-37	3.00	EA	25.00000	\$125.00	10/00/2022
1-1	Tourniquet Plus Item#84 0001	475-37	5.00	EA	25.00000	\$125.00	10/06/2022

 Schedule Total
 \$125.00

 Item Total for Line 1
 \$125.00

# **Department of State Health Services**

### **Purchase Order**

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Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	X-3-0000301303		
specifications, terms,	rmal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement and vendor's	<b>Date</b> 09/28/22	Revision Page			
guarantees goods or s requirements.	es become a part of this numbered services delivered meet or exceed ping papers, invoices, and corre Order Number.	d numbered purchase order	Ship To:	1906 - Houston:5425 Polk S DEPARTMENT OF STATE 5425 Polk St Ste 420 Houston TX 77023 United States	• •		

**Vendor:** 1271024029 7

NORTH AMERICAN RESCUE LLC

PO BOX 360320

PITTSBURGH PA 15251-6320

**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

				Purcha			2/406-2427
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	Stop the bleed poster. Item# 84-0034	475-37	2.00	EA	2.00000	\$4.00	10/06/2022
					Schedule Total	\$4.00	
				]	Item Total for Line 2	\$4.00	
3-1	Booklet, stop the bleed	475-37	20.00	EA	1.00000	\$20.00	10/06/2022
					Schedule Total	\$20.00	
				]	Item Total for Line 3	\$20.00	
4-1	Personal stop the bleed kit. Item# 84-0003	475-37	50.00	EA	64.00000	\$3,200.00	10/06/2022
					Schedule Total	\$3,200.00	
				]	Item Total for Line 4	\$3,200.00	
5-1	Training stop the bleed kit. Item# 84-0107	475-37	1.00	EA	1025.00000	\$1,025.00	10/06/2022
					Schedule Total	\$1,025.00	
				]	Item Total for Line 5	\$1,025.00	
6-1	Freight	962-86	1.00	EA	35.00000	\$35.00	10/06/2022
					Schedule Total	\$35.00	
				]	tem Total for Line 6	\$35.00	
					Total PO Amount	\$4,409.00	

# **Department of State Health Services**

### **Purchase Order**

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Payment T		Ship Via		L	HSTX-3-0000301303	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order			
	d by informal bid, Invitation for Offer, or F		Date	Revision	Page	
	ns, terms, and conditions set forth in the ad responses become a part of this numbered		09/28/22		3	
	goods or services delivered meet or exceed		Ship To:	1906 - Houston:5425 Polk St		
requiremen	C	numeered parenuse order			F STATE HEALTH SERVICES	
	nts, shipping papers, invoices, and corre	spondence must be identified		5425 Polk St Ste 420		
	urchase Order Number.	•		Houston TX 77023		
				United States		
Vendor: 1271024029 7 NORTH AMERICAN RESCUE LLC PO BOX 360320 PITTSBURGH PA 15251-6320 United States		Bill To:	To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States			
			Fax: Email:	512/458-7442 invoices@dshs.texa	is.gov	
			Purchaser:	Angel, April Marie	512/406-2427	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

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

Opril angel, CTCD

09/28/2022