

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000302534
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 10/12/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1202046702 8
MCKESSON MEDICAL SURGICAL GOVERNMENT SOL
PO BOX 531288
ATLANTA GA 303531288
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 S Hwy 36
Brenham TX 77833
United States

Fax: 979/277-1865

Purchaser: Angel, April Marie 512/406-2427

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 3-5 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

QUOTE #: Website Screen Shots

AGENCY CONTACT:
Yvonne Almendarez
364-844-7864
Yvonne.Almendarez@hhs.texas.gov

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

VENDOR:
Customer Service
800-328-8111
Governmentsales@McKesson.com

Account:
20017630

MMCAP GPO and HHS Contract # HHS000626500001

MMCAP GPO and McKesson Medical-Surgical Contract MMCAP MMS 18000

PURCHASING METHOD: EX/0
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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 0000206433

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1-1	#539852 Medtronic MITG Mfr# 50XLT TUP Tracheostomy Tube Shiley XLT Proximal Extension Size 5 Uncuffed TUBE ,SHILEY XLT TRACH 5MM ID CUFFLESS PROXIMAL EX MALMED	475-87	3.00	EA	97.02000	\$291.06	10/17/2022
Schedule Total						<u>\$291.06</u>	
Item Total for Line 1						<u>\$291.06</u>	
2-1	#236052 Medtronic MITG Mfr#8 DCT Inner Tracheostomy Cannula 12.2 mm OD 7.6 mm ID Disposable CANNULA ,INNER TRACH TUBE SZ 8 MALMED	475-87	10.00	BX	37.80000	\$378.00	10/17/2022
Schedule Total						<u>\$378.00</u>	
Item Total for Line 2						<u>\$378.00</u>	
3-1	#236052 Medtronic MITG Mfr# 8DIC - Inner Tracheostomy Cannula 12.2 mm OD 7.6 mm ID Disposable	475-87	4.00	EA	37.38000	\$149.52	10/17/2022
Schedule Total						<u>\$149.52</u>	
Item Total for Line 3						<u>\$149.52</u>	
4-1	#446036 Mfr# 94442000 Nonwoven Sponge McKesson Polyester/ Rayon 4-Ply 4x4 Inch Square NonSterile SPONGE,N/WOVN 4"X 4" N/S	475-21	1.00	CS	22.30000	\$22.30	10/17/2022
Schedule Total						<u>\$22.30</u>	
Item Total for Line 4						<u>\$22.30</u>	
5-1	#194111 Cardinal Mfr#47802	475-87	5.00	CS	53.52000	\$267.60	10/17/2022

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	Tracheostomy Care Kit Argyle Sterile TRACH CARE KIT, W/PEROX & SALINE KENDAL						
					Schedule Total	\$267.60	
					Item Total for Line 5	\$267.60	
6-1	#583916 Sun Med Mfr# 7100-0-50 Salter Labs Bubble Humidifier 350 mL Unfilled Universal BOTTLE, F/ HUMIDIER 350 CC SALTBL	475-21	1.00	CS	111.84000	\$111.84	10/17/2022
					Schedule Total	\$111.84	
					Item Total for Line 6	\$111.84	
7-1	#653984 Medline Mfr# HCS4483 VixOne Handheld Nebulizer Kit Small Volume Medication Cup Universal Mouthpiece Delivery NEBULIZER, T MOUTH	475-21	2.00	CS	109.85000	\$219.70	10/17/2022
					Schedule Total	\$219.70	
					Item Total for Line 7	\$219.70	
8-1	#377455 Drive Medical Mfr#7305P-D Aspirator Pump DeVilbiss ASPIRATOR, AC/DC PORT W/RECHARGE BATTERY HOSPITAL CERTIFIED	475-21	1.00	EA	232.54000	\$232.54	10/17/2022
					Schedule Total	\$232.54	
					Item Total for Line 8	\$232.54	
9-1	911760 Mfr# 32649 Nasal Cannula with Ear Cushions Low Flow Delivery	475-21	3.00	CS	38.44000	\$115.32	10/17/2022

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	McKesson Adult Straight Prong/ NonFlared Tip CANNULA ,O2 W/EAR CUSHION ADLT7/TU						
					Schedule Total	\$115.32	
					Item Total for Line 9	\$115.32	
10-1	#132926 Cardinal Mfr#10142 Suction Catheter Kit Argyle 14 Fr. Sterile SUCTION KIT, W/WATER 2 GLV 14 FR KENDAL	475-21	5.00	CS	37.44000	\$187.20	10/17/2022
					Schedule Total	\$187.20	
					Item Total for Line 10	\$187.20	
Total PO Amount						\$1,975.08	

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

April Angel, CTED

10/13/2022