Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		LILICTY 2 0000202055		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000302652		
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			Date 10/13/22	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	6688 - Brenham:4001 Highway 36 Sou HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Brenham TX 77833 United States		
Vendor: 14	11261653 8		Bill To:	Brenham State Supported Living		

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 S Hwy 36 Brenham TX 77833 United States

				Purchaser:	Freeman,Lisa M	512/406-2567
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY23 funding SP/E - PO must not exceed \$10,000.00 Requisition 206155

Attached Terms and Conditions apply to this Purchase Order.

Neither HHSC nor the agency commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically cancelled. Additional products of the same general category that could have been included in the award of this contract, and that are not already on the contract, may be added. Purchases made under the Authority of Texas Government Code 2155.144 for Procurements by HHSC Agencies including goods or services acquired for the benefit or on behalf of clients.

Vendor contact VID 14112611653 Mckesson Medical Surgical

Facility contact Jessica Stanfield jessica.stanfield@hhs.texas.gov

PCS contact Lisa Freeman 512-406-2567

Lisa.freeman@hhs.texas.gov

For Dental Department supplies for use with individuals. SEND INVOICES TO 712accounting@hhs.texas.gov

1-1	SUCTION CONNECTOR TUBING (FOOT) STERILE FEMALE/MALE CONNECTOR # 16-66301	260-26	10.00	CS	33.90000	\$339.00	10/13/2022
					Schedule Total	\$339.00	<u>-</u>
					Item Total for Line 1	\$339.00	-
2-1	YANKAUER SUCTION TUBE HANDLE STYLE VENTED #16-66201	260-26	10.00	CS	29.80000	\$298.00	10/13/2022
					Schedule Total	\$298.00	

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-3-000030265		
specifications, terms	ormal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 10/13/22	Revision Page 2		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	6688 - Brenham:4001 Highway 36 Sou HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
Vendor: 143	11261653 8		Bill To:	Brenham State Supported Living		

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 S Hwy 36 Brenham TX 77833

United States

				Purcl	haser: Freeman,Lisa M	5	12/406-2567
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 2	\$298.00	
3-1	TOOTHBRUSH TOOTHETTE ADULT ULTRA SOFT #164624	260-26	10.00	CS	100.78000	\$1,007.80	10/13/2022
					Schedule Total	\$1,007.80	
					Item Total for Line 3	\$1,007.80	
4-1	SUCTION TOOTHBRUSH PLAK-VAC ADULT SOFT PINK #2200B	260-26	12.00	BOX	86.97000	\$1,043.64	10/13/2022
					Schedule Total	\$1,043.64	
					Item Total for Line 4	\$1,043.64	
					Total PO Amount	\$2,688.44	

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 Juan Just Streman, CTCD, CTCM

10/13/2022