### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

| Payment T<br>Net 30   | erms Freight Terms<br>Prepaid & Allow | Ship V<br>BEST   |                      | Purchase Order  | H                               | HSTX-3-0000304391     |
|---|---------------------------------------|------------------|----------------------|---|---------------------------------|-----------------------|
| 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<br>11/04/22 | Revision             | Page<br>1   |                                 |                       |
| Spectrications, terms, and continuous services infinite and vertices and verti |                                       |                  | Ship To:<br>Bill To: | 6079 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels Ave<br>Ste 500<br>San Antonio TX 78223<br>United States<br>Invoice-DSHS Accounts Payable<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States |                                 |                       |
|   |                                       |                  |                      | Fax:<br>Email:  | 210/531-7883<br>SAHAccounting@o | dshs.texas.gov        |
|   |                                       |                  |                      | Purchaser:  | Meads,Courtney                  | 512/406-2478          |
| Line-Sch  | Inventory Item ID - Line Description  | Class/Item       | Quantity             | UOM   | PO Price                        | Extended Amt Due Date |

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

QUOTE #: Q-97147

SEND INVOICES VIA EMAIL TO\*\*: SAHACCOUNTING@dshs.texas.gov

AGENCY CONTACT: Geral Rhoder Geral.Rhoder@hhs.texas.gov 210-531-3700

Melissa Schulz Melissa.Schulz@hhs.texas.gov 10-531-3700

SHIP TO ATTN : Warehouse: Please deliver to SSLC Bldg. 669 Delivery Contact: Melissa Schulz Phone no: 210-531-3700 Email: Melissa.Schulz@hhs.texas.gov Bldg/Floor/Cubicle: 669/1/160

HHSC BUYER: Courtney Meads, CTCD, CTCM 512-406-2478 courtney.meads@hhsc.state.tx.us

VENDOR: Sal Plaia Territory Manager, Long-Term Care South TX Mobile: (832) 926-0457 salvador.plaia@arjo.com

# Health and Human Services Commission

## **Purchase Order**

| Payment Terms  | Freight Terms  | Ship V                      |                      |   | •  |  | 0000400                  |  |
|--|--|-----------------------------|----------------------|---|--|--|--------------------------|--|
| Net 30<br>If advertised by int   | Prepaid & Allow<br>formal bid. Invitation for Offer. or Re | BEST V<br>quest for Proposa |                      | Purchase Order<br>Date  | Revision   | HHSTX-3-00                               | 00030439<br>Pa           |  |
| 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   |  |                             | 11/04/22<br>Ship To: |   |  |  |                          |  |
| a part of this numbered parents of this numbered parents of the contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |                             |                      | Smp 10:   | 6079 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels Ave<br>Ste 500<br>San Antonio TX 78223<br>United States |  |                          |  |
| Vendor: 1:<br>A<br>P<br>P<br>U   |  |                             | Bill To:             | Invoice-DSHS Accounts Payable<br>HEALTH & HUMAN SERVICES COMMISSION<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States |  |  |                          |  |
|  |  |                             |                      | Fax:<br>Email:  | 210/531-7883<br>SAHAccounting@   | dshs.texas.gov                           |                          |  |
|  |  |                             |                      | Purchaser:  | Meads,Courtney   | 51                                       | 2/406-2478               |  |
| Line-Sch Inve  | entory Item ID - Line Description                          | Class/Item                  | Quantity             | UOM   | PO Price   | Extended Amt                             | Due Date                 |  |
| PREMIER GPO  | and HHS Contract # HHS0007764                              | r00001                      |                      |   |  |  |                          |  |
| PREMIER GPO  | and Supplier Name Contract # PH                            | D T3 PP NS 149              | 94                   |   |  |  |                          |  |
| 8-01-21 - 7-31-24  | 4  |                             |                      |   |  |  |                          |  |
| PURCHASING N   | /IETHOD: EX/0  |                             |                      |   |  |  |                          |  |
| Purchase made  | under the Authority of Texas Gove                          | rnment Code 21              | 155.1441 for         | Health Care Purchasi  | ng including group   | purchasing                               |                          |  |
| programs. Not to   | Exceed \$50,000.00   |                             |                      |   |  |  |                          |  |
| REQUIREMENT  | S/LIMITATIONS:   |                             |                      |   |  |  |                          |  |
| This PO is contir  | ngent upon the continued availabili                        | ty of lawful appr           | opriations by        | the Texas Legislature   | e. FY2023 funding.   |  |                          |  |
| Invoice per 34 T/  | AC §20.487, amended effective Ma                           | ay 1, 2022                  |                      |   |  |  |                          |  |
| Requisition 2107   | 17   |                             |                      |   |  |  |                          |  |
|  | A4060M-M M Mesh Clip Sling -<br>added Leg                  | 470-50                      | 20.00                | EA  | 283.05000  | \$5,661.00                               |                          |  |
|  |  |                             |                      |   |  |  | 11/04/2022               |  |
|  |  |                             |                      | Sche  | dule Total   | \$5,661.00                               | 11/04/2022               |  |
| FY23 DA2 X7009<br>X7009722 DA722   | 722 ARJO SLINGS SASSLC<br>F6121 7334                       |                             |                      |   |  |  | 11/04/2022               |  |
|  |  |                             |                      |   | dule Total   |  | 11/04/2022               |  |
| X7009722 DA722<br>2-1<br>MA  |  | 470-50                      | 45.00                | Item Total  |  | \$5,661.00                               | 11/04/2022<br>11/04/2022 |  |
| X7009722 DA722<br>2-1<br>MA  | F6121 7334<br>A4060M-L L Mesh Clip Sling -                 | 470-50                      | 45.00                | Item Total f  | for Line 1   | \$5,661.00<br>\$12,737.25                |                          |  |
| X7009722 DA722<br>2-1<br>MA  | F6121 7334<br>A4060M-L L Mesh Clip Sling -                 | 470-50                      | 45.00                | Item Total f<br>EA<br>Sche  | for Line 1<br>283.05000  | \$5,661.00<br>\$12,737.25<br>\$12,737.25 |                          |  |

## **Health and Human Services Commission**

#### **Purchase Order**

|  |   |                             |                  |   | Dispat                     | tch via Print |
|--|---|-----------------------------|------------------|---|----------------------------|---------------|
| Payment Term<br>Net 30   | ns Freight Terms<br>Prepaid & Allow   | <b>Ship Via</b><br>BEST WAY | Purchase Order   |   | HHSTX-3-00                 | 00304391      |
| specifications, to   | informal bid, Invitation for Offer, or Req<br>erms, and conditions set forth in the adve              | rtisement and vendor's      | Date<br>11/04/22 | Revision  |                            | Page<br>3     |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |   |                             | Ship To:         | hip To: 6079 - San Antonio:6711 S New Brau<br>HEALTH & HUMAN SERVICES COM<br>6711 S New Braunfels Ave<br>Ste 500<br>San Antonio TX 78223<br>United States |                            |               |
| Vendor:  | 1362999230 9<br>ARJOHUNTLEIGH INC<br>PO BOX 640799<br>PITTSBURGH PA 152640799<br><b>United States</b> |                             | Bill To:         | Invoice-DSHS Accounts Payable<br>HEALTH & HUMAN SERVICES COMMIS<br>6711 S New Braunfels<br>Ste 100<br>San Antonio TX 78223<br>United States               |                            | MMISSION      |
|  |   |                             | Fax:<br>Email:   | 210/531-78<br>SAHAccou  | 83<br>nting@dshs.texas.gov |               |
|  |   |                             | Purchaser:       | Meads,Co  | urtney 51                  | 2/406-2478    |
| Line-Sch Ir  | nventory Item ID - Line Description   | Class/Item Quantity         | UOM              | PO Price  | Extended Amt               | Due Date      |
| U  | Inpadded Leg  |                             |                  |   |                            |               |
|  |   |                             | Sche             | dule Total  | \$7,076.25                 |               |
|  |   |                             | Item Total       | for Line 3  | \$7,076.25                 |               |
|  |   |                             | Total P          | O Amount  | \$25,474.50                |               |

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.

| Α  | uthoriz | zed By |            |                   |
|----|---------|--------|------------|-------------------|
| (à | ufny    | Meach  | CTED, CTEM | <u>11/10/2022</u> |