Purchase Order

Dispatch via Print

512/491-2879

Due Date

Extended Amt

Payment Terr	ms Freight Terms	Ship Via			11110TV 0 0000000100
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000306190
	y informal bid, Invitation for Offer, or R		Date	Revision	Page
conforming res guarantees goo requirements. All shipments	terms, and conditions set forth in the ad sponses become a part of this numbered ods or services delivered meet or exceed s, shipping papers, invoices, and correschase Order Number.	purchase order. Contractor numbered purchase order	12/06/22		
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICA PO BOX 936279 ATLANTA GA 31193-6279 United States	ON MEDICAL-SURGICAL MINNESOTA SUPP 36279 A GA 31193-6279		Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States	
			Fax: Email:	972/551-8052 DSHS.TSHBusin	nessOffice@dshs.texas.gov

Purchaser:

UOM

Fuentes, Michael

PO Price

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO

Class/Item

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Line-Sch

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

Inventory Item ID - Line Description

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 PLEASE NOTE: OUR WAREHOUSE OPENS AT 8:00AM IS CLOSED FROM 11:30AM UNTIL 1:00PM. THEY STOP RECEIVING DELIVERIES AT 4:30PM CENTRAL TIME. MONDAY THROUGH FRIDAY AND CLOSED ON HOLIDAYS.

Quantity

AGENCY CONTACT:
Jessica Pfullmann
(940)591-3567
Jessica.Pfullmann@hhsc.state.tx.us

Ship to Attn: Jessica Pfullmann

Denton State Supported Living Center Warehouse

HHSC BUYER: Michael Fuentes, CTCD 512-406-2433

 ${\bf Michael. Fuentes@hhs. texas. gov}$

VENDOR: Brigette Gatlin 817-300-0456 brigitte.gatlin@McKesson.com 800-328-8111 government.sales@mckesson.com

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.144 for goods or services acquired for the benefit or on behalf of clients of programs operated by the agency.

CAPPS Contract: #HHS000626500002 MMCAP Contract: #MMS18000

Expires:8/31/24

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

		Pι	ırchase	Order		Disna	tch via Print
Payment To Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	. F	HSTX-3-00	
specification conforming guarantees g requirement	d by informal bid, Invitation for Offer, or Rens, terms, and conditions set forth in the adversesponses become a part of this numbered p goods or services delivered meet or exceed nets. Ints, shipping papers, invoices, and corresponders.	ertisement and ve urchase order. Co umbered purchas	endor's ontractor se order	Date 12/06/22 Ship To:	Revision Page 1 - 12/8/2022 2 5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISSION 3980 State School Rd		
	urchase Order Number.	ondence must b	e identified		PO Box 368 Denton TX 76210 United States		
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAL PO BOX 936279 ATLANTA GA 31193-6279 United States	MINNESOTA S	SUPP	Bill To:	Invoice-DSHS According DEPARTMENT OI 1200 E Brin PO Box 70 Terrell TX 75160 United States		H SERVICES
				Fax: Email:	972/551-8052 DSHS.TSHBusines	sOffice@dshs.texa	s.gov
				Purchaser:	Fuentes, Michael		12/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Invoice per	r 34 TAC §20.487, amended effective Ma	ay 1, 2022					
Requisition	#211772						
1-1	GOODS_ITEM#833832 CPAP Mask Wisp¿ Tip-of-the-Nose Nasal Mask Style Petite / Small-Medium / Large	475-87	50.00	EA	82.32000	\$4,116.00	12/06/2022
				Sch	edule Total	\$4,116.00	
				Item Total	for Line 1	\$4,116.00	
2-1	ITEM#502171 Enteral Feeding Pump	271-30	15.00	EA	532.43000	\$7,986.45	12/06/2022

Requisition	h#211772						
1-1	GOODS_ITEM#833832 CPAP Mask Wisp; Tip-of-the-Nose Nasal Mask Style Petite / Small-Medium / Large	475-87	50.00	EA	82.32000	\$4,116.00	12/06/2022
					Schedule Total	\$4,116.00	
					Item Total for Line 1	\$4,116.00	
2-1	ITEM#502171 Enteral Feeding Pump Kangaroo; Epump	271-30	15.00	EA	532.43000	\$7,986.45	12/06/2022
					Schedule Total	\$7,986.45	
					Item Total for Line 2	\$7,986.45	
3-1	GOODS_ITEM#1212301 Medication Delivery System OptiChamber Diamond Optichamber Style Adult One Size Fits Most	475-87	1.00	EA	522.17000	\$522.17	12/06/2022
					Schedule Total	\$522.17	
					Item Total for Line 3	\$522.17	
4-1	GOODS_ITEM#1190314 Heat and Moisture Exchanger-Trach Trach- Vent+® 32.42, Vt = 0.5 L 1.17 @ 60 LPM	465-09	10.00	CS	143.70000	\$1,437.00	12/06/2022
					Schedule Total	\$1,437.00	
					Item Total for Line 4	\$1,437.00	

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			N/ 0 000000100	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000306190	
specifications, terms	rmal bid, Invitation for Offer, or a, and conditions set forth in the a	dvertisement and vendor's	Date 12/06/22	Revision 1 - 12/8/2022	Page 3	
	es become a part of this numbered services delivered meet or exceed		Ship To:	5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISSION 3980 State School Rd		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		PO Box 368 Denton TX 76210 United States		
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Vendor: 1411261653 8

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

Universal Mouthpiece Delivery

United States

Bill To: Invoice-DSHS Accounts Payable

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

Fax: 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

				Purcha	ser: Fuentes, Michael	5	12/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
5-1	GOODS_ITEM#1042706Nasal Cannula with Ear Cushions Low Flow Delivery Adult Curved Prong / NonFlared Tip	475-09	10.00	CS	18.80000	\$188.00	12/06/2022
					Schedule Total	\$188.00	
					Item Total for Line 5	\$188.00	
6-1	GOODS_ITEM#723750 Airway Adapter Verso	475-87	3.00	BX	256.38000	\$769.14	12/06/2022
					Schedule Total	\$769.14	
					Item Total for Line 6	\$769.14	
7-1	GOODS_ITEM#842533 Vent Circuit Anti-Disconnect Device	475-87	10.00	BX	34.29000	\$342.90	12/06/2022
					Schedule Total	\$342.90	
					Item Total for Line 7	\$342.90	
8-1	GOODS_ITEM#1190313 Heat and Moisture Exchanger Gibeck® Humid- Flo® 30.4, Vt = 1.0 L 1.5 cm H2O @ 60 LPM	465-09	10.00	CS	198.28000	\$1,982.80	12/06/2022
					Schedule Total	\$1,982.80	
					Item Total for Line 8	\$1,982.80	
9-1	GOODS_ITEM#262303 Salter Labs® 8900 Series Handheld Nebulizer Kit Small Volume Medication Cup	465-95	1.00	CS	57.19000	\$57.19	12/06/2022

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHST	X-3-0000306190	
specifications, terms	rmal bid, Invitation for Offer, or and conditions set forth in the action in the actio	dvertisement and vendor's	Date 12/06/22	Revision 1 - 12/8/2022	Page 4	
	es become a part of this numbered services delivered meet or exceed		Ship To:	5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISSION 3980 State School Rd		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		PO Box 368 Denton TX 76210 United States		
Vendor: 141	1261653 8		Bill To:	Invoice-DSHS Accounts Pay	able	

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

Fax: 972/551-8052

DSHS.TSHBusinessOffice@dshs.texas.gov Email:

				Purc	haser: Fuentes, Michael	5	12/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$57.19	
					Item Total for Line 9	\$57.19	
10-1	GOODS_ITEM#129094 Up-Draft II® Opti-Neb® Handheld Nebulizer Kit Small Volume Medication Cup Universal Mouthpiece Delivery	465-95	1.00	CS	36.48000	\$36.48	12/06/2022
					Schedule Total	\$36.48	
					Item Total for Line 10	\$36.48	
11-1	GOODS_ITEM#930981 Roscoe Medical Compressor Nebulizer System Small Volume Medication Cup Universal Aerosol Mask Delivery	465-95	1.00	CS	48.63000	\$48.63	12/06/2022
					Schedule Total	\$48.63	
					Item Total for Line 11	\$48.63	
2-1	GOODS_ITEM#851747 Power Neb Ultra Compressor Nebulizer System Small Volume Medication Cup Universal Mouthpiece Delivery	475-87	5.00	EA	25.54000	\$127.70	12/06/2022
					Schedule Total	\$127.70	
					Item Total for Line 12	\$127.70	
3-1	GOODS_ITEM#880824 Nebulizer Replacement Filter	475-87	10.00	PKG	10.25000	\$102.50	12/06/2022
	•				Schedule Total	\$102.50	
					Item Total for Line 13	\$102.50	

Purchase Order

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Payment Terms	Freight Terms	Ship Via		HICTY	2 0000200400
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHOIX	-3-0000306190
specifications, terms	rmal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 12/06/22	Revision 1 - 12/8/2022	Page 5
	es become a part of this numbere services delivered meet or excee		Ship To:	ool Rd CES COMMISSION	
All shipments, ship with our Purchase	ping papers, invoices, and corr Order Number.	espondence must be identified			

Vendor: 1411261653 8

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

Bill To: Invoice-DSHS Accounts Payable

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

Fax: 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

				Pur	chaser: Fuentes, Mich	nael 51	2/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
14-1	GOODS_ITEM#1055912 MEDNEB+ Compressor Nebulizer System Small Volume Medication Cup Universal Mouthpiece Delivery	465-95	5.00	EA	24.86000	\$124.30	12/06/2022
					Schedule Total	\$124.30	
					Item Total for Line 14	\$124.30	
15-1	GOODS_ITEM#952685 Compressor Replacement Filter Aire Elite	465-95	10.00	PKG	2.53000	\$25.30	12/06/2022
					Schedule Total	\$25.30	
					Item Total for Line 15	\$25.30	
					Tem Total for Eme 13	Ψ23.30	
16-1	GOODS_ITEM#852899 Nebulizer / Compressor Filter	465-95	10.00	PKG	8.27000	\$82.70	12/06/2022
					Schedule Total	\$82.70	
					Item Total for Line 16		
					Tem Total for Eme To	ψ02.70	
17-1	GOODS_ITEM#539855 XLT Inner Cannula 6.0 mm ID Disposable	475-87	40.00	BX	63.50000	\$2,540.00	12/06/2022
					Schedule Total	\$2,540.00	
					Item Total for Line 17	\$2,540.00	
18-1	GOODS_ITEM#702903 Nasal Cannula with Ear Cushions Low Flow Delivery Salter-Style® TLCannula; Adult Curved Prong / NonFlared Tip	465-09	5.00	CS	29.12000	\$145.60	12/06/2022
					Schedule Total	\$145.60	

Purchase Order

Dispatch via Print

Payment Ten Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-000	0306190
If advertised specifications	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad-	equest for Proposal; all vertisement and vendor's	Date 12/06/22	Revision 1 - 12/8/2022	Page 6
guarantees go requirements All shipment	esponses become a part of this numbered pods or services delivered meet or exceed is, shipping papers, invoices, and corres rehase Order Number.	numbered purchase order	Ship To: 5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES CO! 3980 State School Rd PO Box 368 Denton TX 76210 United States		IMISSION
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAL PO BOX 936279 ATLANTA GA 31193-6279 United States	L MINNESOTA SUPP	Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVION 1200 E Brin PO Box 70 Terrell TX 75160 United States	
			Fax: Email:	972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gc	ov

				Puro	chaser: Fuentes,N	lichael 5	12/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 18	\$145.60	
19-1	GOODS_ITEM#996406 SpO2 Sensor PureLight® Ear	465-25	15.00	EA	161.43000	\$2,421.45	12/06/2022
					Schedule Total	\$2,421.45	
					Item Total for Line 19	\$2,421.45	
20-1	GOODS_ITEM#1056575 pNeuton Ventilator Remote Alarm	475-87	3.00	EA	526.45000	\$1,579.35	12/06/2022
					Schedule Total	\$1,579.35	
					Item Total for Line 20	\$1,579.35	
21-1	GOODS_ITEM#852984 Handheld Pulse Oximeter 8500 Series Battery Operated	465-25	5.00	EA	578.68000	\$2,893.40	12/06/2022
					Schedule Total	\$2,893.40	
					Item Total for Line 21	\$2,893.40	
					Total PO Amount	\$27,529.06	

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.

Purchase Order

Dispatch via Print

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ŀ	HHSTX-3-0000306190
specification	by informal bid, Invitation for Offer, or Rons, terms, and conditions set forth in the adv	ertisement and vendor's	Date 12/06/22	Revision 1 - 12/8/2022	Page 7
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	5884 - Denton:3980 State School Rd HEALTH & HUMAN SERVICES COMMISS 3980 State School Rd PO Box 368 Denton TX 76210 United States	
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAI PO BOX 936279 ATLANTA GA 31193-6279 United States	MINNESOTA SUPP	Bill To:	Invoice-DSHS Acc DEPARTMENT O 1200 E Brin PO Box 70 Terrell TX 75160 United States	counts Payable F STATE HEALTH SERVICES
			Fax: Email:	972/551-8052 DSHS.TSHBusines	ssOffice@dshs.texas.gov
			Purchaser:	Fuentes,Michael	512/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

Authorized By

12/08/2022