

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000306433
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 12/09/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1919 - Austin:1100 W 49th St (RDM) HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St (RDM) Austin TX 78756 United States
			Page 1

Vendor: 1562522942 0
WILLIAMSON COUNTY ESD 7
PO BOX 523
FLORENCE TX 765270523
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

Purchaser: Mckelvy,Michael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
EX/0 Legal Cite TGC 791 Interlocal
Requisition 0000213105 Pricing per Quote 10604690 date: 10/31/22
PO Service Dates 12-09-2022 to 08-31-2023

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor contact
1562522942
Williamson County ESD 7
Email address

Agency contact
Ebony White
512-776-2225
Ebony.White@DSHS.Texas.Gov

PCS contact
Mike McKelvy; CTCD, CTCM
512-406-2579
Mike.McKelvy@HHS.Texas.Gov

1-1	FY23 EMS EEF ; Williamson County ESD 7 ; TPO ; To provide emergency expedited funds to Funds to assist with the purchase of a Lucas chest compression device. Term is upon execution to 8/31/2023.	948-48	1.00	LOT	48879.16000	\$48,879.16	12/09/2022
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Schedule Total \$48,879.16

CRC
Attachment A-1: Contract Requirements
Quote Proposal

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Item Total for Line 1							\$48,879.16
Total PO Amount							\$48,879.16

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  CTCD, CTCM	12/09/2022
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