

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-3-0000306506
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 12/12/22
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: Connell,Ron Lee

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: X 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

AGENCY CONTACT:
Yvonne Almendarez
361-844-7864
Yvonne.Almendarez@hhs.texas.gov

SHIP TO ATTN: Yvonne Almendarez, 361-844-7864, Yvonne.Almendarez@hhs.texas.gov

HHSC BUYER:
Ron Connell, CTCD
512-406-2666
Ron.connell@hhs.texas.gov

VENDOR:
McKesson
800-328-8111
Government.sales@mckesson.com

MMCAP GPO and HHS Contract # HHS000626500001

MMCAP GPO and McKesson Medical Contract # MMS18000

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 213845

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1-1	Mfr# 539849 Medtronic MITG #50XLTCP Tracheostomy Tube Shiley XLT Proximal Extension Size 5 Cuffed TUBE, SHILEY XLT TRACH 5MM ID CUFFED PROXIMAL EXT MALMED	475-87	3.00	EA	97.02000	\$291.06	12/19/2022
Schedule Total						<u>\$291.06</u>	
Item Total for Line 1						<u>\$291.06</u>	
2-1	Mfr# 236052 Medtronic MITG # 8DIC Inner Tracheostomy Cannula 12.2 mm OD 7.6mm ID Disposable CANNULA, INNER TRACH TUBE SZ8 MALMED	475-87	3.00	BX	37.38000	\$112.14	12/19/2022
Schedule Total						<u>\$112.14</u>	
Item Total for Line 2						<u>\$112.14</u>	
3-1	Mfr# 696927 Tidi Products #8197M Tracheostomy Tie Posey HOLDER, TRACH TU MED 9"X17" POSEY	475-87	10.00	BX	11.52000	\$115.20	12/19/2022
Schedule Total						<u>\$115.20</u>	
Item Total for Line 3						<u>\$115.20</u>	
4-1	Mfr# 1183985 McKesson Brand #87-220 ECG Tab Electrode McKesson Resting Non-Radiolucent Vinyl Material 10 per pack ELECTRODE, EKG TAB RESTING	475-21	1.00	CS	146.14000	\$146.14	12/19/2022
Schedule Total						<u>\$146.14</u>	
Item Total for Line 4						<u>\$146.14</u>	

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5-1	Mfr# 471622 Zoll Medical #9131-001 Multi-Function Electrode Pad Adult ELECTRODE, DEFIB DISP ADLT	475-35	3.00	PKG	36.92000	\$110.76	12/19/2022
Schedule Total						<u>\$110.76</u>	
Item Total for Line 5						<u>\$110.76</u>	
6-1	Mfr# 812931 Zoll Medical #9146-302 Lithium Battery Pack IntelliSense 11.1V for PowerHeart AED G3 9300E / 9300A/ 9390E/ 9390A/ BATTERY AED POWER HEART G3 LITHIUM 12 V CRDCRP	475-21	1.00	EA	317.48000	\$317.48	12/26/2022
Schedule Total						<u>\$317.48</u>	
Item Total for Line 6						<u>\$317.48</u>	
7-1	Mfr# 132926 Cardinal # 10142 Suction Catheter Kit Argyle 14 Fr .Sterile SUCTION KIT W/WATER 2 GLV 14 FR KENDAL	475-21	5.00	BX	37.44000	\$187.20	12/19/2022
Schedule Total						<u>\$187.20</u>	
Item Total for Line 7						<u>\$187.20</u>	
8-1	Mfr# 742935 Respiroics #1070039 CPAP Mask ComfortGel Nasal Mask Style Small MASK, CPAP NASAL COMFORTGEL W/ HDGEAR BLU SM	475-21	3.00	EA	86.89000	\$260.67	12/19/2022
Schedule Total						<u>\$260.67</u>	
Item Total for Line 8						<u>\$260.67</u>	
9-1	Mfr# 570523 Fisher & Paykel # RT040S	475-21	3.00	EA	48.30000	\$144.90	12/19/2022

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CPAP Mask Full Face Style MASK,
FACE FULL SM

Schedule Total _____ \$144.90

Item Total for Line 9 _____ \$144.90

Total PO Amount \$1,685.55

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

R. Lee

12/12/2022