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

### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	Н	HSTX-3-0000306513	
specifications, terms	ormal bid, Invitation for Offer, or las, and conditions set forth in the ac	dvertisement and vendor's	<b>Date</b> 12/12/22	<b>Revision</b> 3 - 12/13/2022	Page 1	
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:	hip To:  5010 - Vernon:4730 College Dr DEPARTMENT OF STATE HEALTH SERVICE 4730 College Dr PO Box 2231 Vernon TX 76385 United States		
Vendor: 141	11261653 8		Bill To:	Terrell SH Whse		

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

1200 E Brin PO Box 70 Terrell TX 75160 United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Thompson, Casandra

Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price **Extended Amt Due Date** 

FY23 NIGP 28

F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 30 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: Joyce Littlefield Ph: 940-552-4081

Email: joyce.littlefield@hhs.texas.gov

Ship to Attn: Joyce Littlefield DEPARTMENT OF STATE HEALTH SERVICES 4730 College Dr. PO Box 2231 Vernon TX 76385

HHSC BUYER:

Casandra Thompson, CTCD

Ph: 512-776-4243

Email: Casandra.thompson@hhs.texas.gov

VENDOR: Mckesson Brigitte Gatlin Ph: 833-343-2700

Email: Brigitte.Gatlin@mckesson.com

MMCAP GPO and DSHS Contract # HHS000629500001

MMCAP GPO and Mckesson Contract # X

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

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Email: DSHS.TSHBusinessOffice@dshs.texas.gov

					chaser: Thompson,		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
Requisition	n # 0000213061						
1-1	Ensure 8 oz, straw #1048231	271-28	20.00	CS	18.64000	\$372.80	01/11/2023
					Schedule Total	\$372.80	
					Item Total for Line 1	\$372.80	
2-1	Ensure 8 oz Van #1048230	271-28	20.00	CS	18.64000	\$372.80	01/11/2023
					Schedule Total _	\$372.80	
					Item Total for Line 2	\$372.80	
3-1	Ensure 8 oz choc #1048233	271-28	20.00	CS	18.64000	\$372.80	01/11/2023
					Schedule Total	\$372.80	
					Item Total for Line 3	\$372.80	
					Total PO Amount	\$1,118.40	

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.

# **Health and Human Services Commission**

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Email: DSHS.TSHBusinessOffice@dshs.texas.gov

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due Date

**Authorized By** 

Casada Thamps, CTCD

12/13/2022