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-	3-0000306669
specifications, terms	rmal bid, Invitation for Offer, or la, and conditions set forth in the ac	lvertisement and vendor's	Date 12/13/22	Revision 1 - 12/14/2022	Page 1
guarantees goods or requirements.	es become a part of this numbered services delivered meet or exceed ping papers, invoices, and corre Order Number.	numbered purchase order	Ship To:	5035 - Rusk:805 N Dickinson D HEALTH & HUMAN SERVICE 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States	
Vondor: 1/1	11261653 8		Bill To-	Invoice - DADS	

Vendor: 1411261653 8

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

				Purchaser:	Hill,Geneva L	512/406-2463
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

PM - SP PCC - E

This Purchase Order is issued in accordance with Quote on line from McKesson 12-13-22.

Vendor Name: Mckesson Vendor Contact: Maria Melin

Terry McKinney

Vendor Address: 12755 Highway 55 #R200, Plymouth, MN 55441

Vendor Phone: 800-328-8111

Vendor Email: Government.Sales@McKesson.com

AGENCY CONTACT: Rachel Eubanks 903-6837528

Rachel.eubanks@hhs.texas.gov

BUYER:

Geneva Hill 512-406-2463 Cell: 512-905-2100 geneva.hill@hhs.texas.gov

PURCHASE MADE UNDER THE AUTHORITY OF TX. GOVT. CODE 2155.1441 FOR CLIENT SERVICES

This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature." CPA Procurement Manual, pg. 145, section 2.57.

F.O.B Destination Freight Prepaid Included Delivery 5 days ARO

Requisition: 213965

Account number for billing account to Mexia 20026404

Account number for ship to account to Rusk 58178766

1-1 393-56 15.00 EA 59.83000 \$897.45 12/13/2022

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000306669
specifications, terms	rmal bid, Invitation for Offer, or , and conditions set forth in the a	dvertisement and vendor's	Date 12/13/22	Revision 1 - 12/14/2022	Page 2
guarantees goods or requirements. All shipments, ship	conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order		Ship To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COM 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor: 141	1261653.8		Rill To-	Invoice - DADS	

Vendor: 1411261653 8

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

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ATLANTA GA 31193-6279

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Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

				Purch	aser: Hill,Geneva l	_ 5:	12/406-2463
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$897.45	
					Item Total for Line 1	\$897.45	
2-1	Puree thick it protein variety # 1180300	393-56	15.00	EA	96.93000	\$1,453.95	12/13/2022
					Schedule Total	\$1,453.95	
					Item Total for Line 2	\$1,453.95	
3-1	Puree thick it Beef lasagna #993499	393-56	10.00	EA	68.08000	\$680.80	12/13/2022
					Schedule Total	\$680.80	
					Item Total for Line 3	\$680.80	
4-1	puree thick it Salisbury steak # 763374	393-56	10.00	EA	89.34000	\$893.40	12/13/2022
					Schedule Total	\$893.40	
					Item Total for Line 4	\$893.40	
					Total PO Amount	\$3,925.60	

Health and Human Services Commission

Purchase Order

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Payment To		Ship Via			IIIICTV a accessore
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		<u> HHSTX-3-000030666</u>
	by informal bid, Invitation for Offer, or Re		Date	Revision	Pa
	ns, terms, and conditions set forth in the adv		12/13/22	1 - 12/14/2022	
guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed a s. hts, shipping papers, invoices, and corres archase Order Number.	numbered purchase order	Ship To:	5035 - Rusk:805 N HEALTH & HUM 805 N Dickinson D PO Box 318 Rusk TX 75785 United States	AN SERVICES COMMISSION
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAL PO BOX 936279 ATLANTA GA 31193-6279 United States	. MINNESOTA SUPP	Bill To:	Invoice - DADS HEALTH & HUM 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	AN SERVICES COMMISSION
			Fax: Email:	254/562-1894 718Accounting@h	hs.texas.gov
Y : G.			Purchaser:	Hill,Geneva L	512/406-2463
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

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

Seneva Hill CTC D

12/14/2022