

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307647
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 01/04/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States

Vendor: 1522169380 5
TRANSLITE LLC
345 COMMERCE GREEN BLVD
SUGAR LAND TX 774783596
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: Burns, Debra A

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 CLASS ITEM 475-16
SCOR DSHS Division RLHO

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

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

DELIVERY: 5 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:

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO ***

SHIP TO ATTN Kristina Land 254-771-6707 Kristina.Land@dshs.texas.gov

:
Bill to code 3063 (Central Office accounting)
Questions related to invoices and payments-contact is Penny Jones at 254-771-6739. Penny.Jones@dshs.texas.gov

DSHS Invoices: Invoices@dshs.texas.gov
DSHS Payment Status: Vendor@dshs.texas.gov
DSHS AP Manager: Trina Edwards 512-776-2525

HHSC BUYER:
Debra Burns, CTPM
Direct: 512) 406-2564 CELL 832-818-3936
Debra.Burns@hhs.texas.gov

VENDOR
VID 1522169380
VENDOR TRANSLITE LLC
ADDRESS 345 Commerce Green Blvd Sugar Land, TX 77478
CONTACT CUSTOMER SERVICE
PH (281) 240-3111
Email: info@veinlite.com; sales@veinlite.com

TERMS NET 30

QUOTE 43172

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

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			Page 2

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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 0000214482

1-1	Vein Access Device Veinlite EMS Pro VEMS-PRO NSN::6515016567267	475-16	1.00	EA	349.00000	\$349.00	01/20/2023
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Schedule Total \$349.00

LED Veinlite with 24 LEDs in three colors, featuring a built-in white exam light, kit includes 50 disposable covers, light shield, pediatric adapter, 2 AA batteries

Item Total for Line 1 \$349.00

2-1	Shipping Freight per quote	475-16	1.00	EA	9.00000	\$9.00	01/20/2023
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Schedule Total \$9.00

Item Total for Line 2 \$9.00

Total PO Amount \$358.00

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

Debra Fuchs, CTPM

01/05/2023