

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-3-0000307655
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 6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States
			Page 1

Vendor: 1760388994 4
ADVENT MEDICAL INCORPORATED
1940 FOUNTAIN VIEW DR # 1027
HOUSTON TX 770573206
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: Days After Receipt of PO

DELIVERY: Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

Please follow the Texas Comptroller's Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address.
- (2) the contractor's telephone number.
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice.
- (4) the state agency's name, agency number, delivery address.
- (5) the state agency's purchase order number, if applicable.
- (6) the contract number or other reference number, if applicable.
- (7) a valid Texas identification number (TIN) issued by the Comptroller.
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice.
- (9) unit numbers corresponding to the amount of the invoice.
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor.
- (11) other relevant information supporting and explaining the payment requested.

Warehouse: Please deliver to bldg. 800

AGENCY CONTACT:

SME Agency Contact: Geral Rhoder
SME Agency Contact phone: (210) 531-3700
SME Agency Contact email: geral.rhoder@hhs.texas.gov

Contract Manager: Raymond Lopez
Contract manager phone: (210) 531-8246
Contract manager email: raymond.lopez@hhs.texas.gov

Ship to Attn: Mary Ashton
Mary.Ashton@hhs.texas.gov

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Building and Room number
bldg.
HEALTH HUMAN SERVICES COMMISSION

6711 S New Braunfels Ave
Ste 500
San Antonio TX 78223
United States

Warehouse: Please deliver to

HHSC BUYER:
George Mills, CTCD, Ph 512-406-2651, Fax 512-406-2695,
email George.Mills@hhs.texas.gov

VENDOR:
Vendor Name: ADVENT MEDICAL INCORPORATED
Vendor Address: 1940 FOUNTAIN VIEW DR # 1027 HOUSTON, TX 770573206
Vendor Contact: Jennifer Lyons
Vendor Contact Phone: (832) 833-0130
Vendor Contact Email: Jennifer@adventaed.com

PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO

QUOTE:

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

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 0000215583

1-1	FY23 Advent AED	345-10	2.00	EA	779.02000	\$1,558.04	01/15/2023
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Schedule Total \$1,558.04

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FY23 DA2 SASSLC DA722 AED F6111 MA
DA722 F6111 7334 AED MACHINES

Item Total for Line 1 \$1,558.04

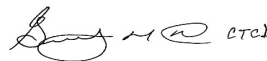
Total PO Amount \$1,558.04

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



01/04/2023