

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000307665</b>
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.			<b>Date</b> 01/04/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States

**Vendor:** 1411261653 8  
MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP  
9954 MAYLAND DR  
RICHMOND VA 232331464  
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:** Griffin,Valerie 512/406-2458

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding

SP/E

Requisition: 0000213756

PO Service Dates: 01-04-2023 to 08-31-2023

FY23 CF8 F3D IV LEASE F4760 LC

Vendor Invoicing Instructions: Please send all Kerrville State Hospital invoices direct to: SAHAccounting@dshs.texas.gov or fax 210-531-7883

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

**Vendor Contact**  
First and Last Name: Customer Service  
Phone number: 833.343.2700  
Email address: MMS.Treasury@McKesson.com

**Agency Contact**  
First and Last Name: H. Lee Clancy  
Phone number: 830.258.5211  
Email address: H.Clancy@hhs.texas.gov

**PCS Contact**  
First and Last Name: Valerie Griffin  
Phone number: 512.406.2458  
Email address: Valerie.Griffin@hhs.texas.gov

1-1	FY23 Blanket PO for Nursing - Monthly Rental of IV Pumps & equipment	979-45	1.00	LOT	750.00000	\$750.00	01/04/2023
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**Schedule Total**                     \$750.00

**Item Total for Line 1**                     \$750.00

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**Total PO Amount** \$750.00

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**

*Valerie Griffin, CTCD, CPCM*

**01/04/2023**