

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307694
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 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States
			Page 1

Vendor: 1220760120 9
BECTON DICKINSON & COMPANY
21588 NETWORK PL
CHICAGO IL 606731215
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: Chamorro,Gustavo A

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Ship to Attn: BELINDA GARZA

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

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

DELIVERY: 3-10 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

DSHS AGENCY CONTACT:
Lab: Belinda Garza , (956)364-8759 ;
Belinda.Garza@dshs.texas.gov

HHSC BUYER:
Gustavo Chamorro, CTCD, 512-406-2630
Gustavo.Chamorro@hhs.texas.gov

VENDOR CONTACT:
Steven G Wilson (210)243-8942
Email: Steven.G.Wilson@bd.com

QUOTE # Email 12-9-22 Cust# [REDACTED]

PURCHASING METHOD: SP/E
Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

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 0000214700

1-1	#245115 BACTEC MGIT 960 PZA MEDIUM, 25/PKG	193-36	20.00	PKG	221.82000	\$4,436.40	01/17/2023
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Schedule Total \$4,436.40

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Item Total for Line 1						\$4,436.40	
2-1	#245128 BACTEC MGIT 960 PZA DRUG KIT, 50TEST/KIT	193-36	5.00	EA	95.41000	\$477.05	01/17/2023
Schedule Total						\$477.05	
Item Total for Line 2						\$477.05	
Total PO Amount						\$4,913.45	

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

 CTCD

01/04/2023