## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	ННЅТХ	(-3-0000308133
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			<b>Date</b> 01/11/23	<b>Revision</b> 1 - 1/11/2023	Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	***************************************		
Vondor: 136	54087754 7		Bill To	Invoice-DSHS Fiscal Claims	

Vendor:

THERMO FISHER SCIENTIFIC (ASHEVILLE)LLC

28 SCHENCK PKWY STE 400 ASHEVILLE NC 288035088

**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:** Mcknight, Aaron

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 215523 Pricing per email dated 12/27/22 Case #04908678

Attached Terms and Conditions apply to this Purchase Order.

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 **Technical Support** 866-984-3766 - Option 2 Service.led.marietta@thermofisher.com technicalsupport.led@thermofisher.com

**Agency Contact** James Bennett 512-776-7567 James.bennett@dshs.texas.gov Or Amy Deleon 512-776-3735 Amy.deleon@dshs.texas.gov

**PCS Contact** Aaron McKnight 512-406-2641 Aaron.mcknight03@hhs.texas.gov

1-1 938-62 1.00 EA 2100.00000 \$2,100.00 01/11/2023

EVALUATION/REPAIR FEE DEPOSIT ESTIMATE ONLY

Case # 04908678

Schedule Total

## **Department of State Health Services**

### **Purchase Order**

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Vendor: 136	54087754 7		Bill To:	Invoice-DSHS Fiscal C	laims

THERMO FISHER SCIENTIFIC (ASHEVILLE)LLC

28 SCHENCK PKWY STE 400 ASHEVILLE NC 288035088

**United States** 

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: Mcknight, Aaron

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

FY23 3254 Repair Service

This is for the evaluation and repair of the ultra-low freezer, please see E-Mail which is attached or available upon request. Please reference case# 04908678 when contacting Thermo Scientific.

VENDOR INFORMATION: Thermo Scientific / Unity Labs

866-984-3766

service.led.marietta@thermofisher.com

Case# 04908678

PO BILL TO INFORMATION

DSHS

ATTN: FISCAL DIVISION/ ACCOUNTS PAYABLE

1100 WEST 49TH STREET AUSTIN, TEXAS 78756

CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114

FLOOR: 5th

CONTACT: James Bennett PHONE #: 512-776-7567

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H42000

PROGRAM CODE:

INTERNAL DELIVERY CODE: 7959

Requester Name: James Bennett

Requester Phone Number/area code: 512-776-7567

Requester E-mail address: James.Bennett@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

Item Total for Line 1	\$2,100.00

# **Department of State Health Services**

#### **Purchase Order**

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST V		Purchase Order		HHSTX-3-00	00308133
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Vendor:	1364087754 7 THERMO FISHER SCIENTIFIC (ASHEVILLE)LLC 28 SCHENCK PKWY STE 400 ASHEVILLE NC 288035088 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Mcknight,Aaron PO Price	Extended Amt	Due Date

Total PO Amount \$2,100.00

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

01/11/2023