

Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308593
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 01/19/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
		Ship To:	4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

Vendor: 1362596612 5
MEDLINE INDUSTRIES INC
1 MEDLINE PL
MUNDELEIN IL 600604485
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: Thompson,Casandra

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 14 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 when the Warehouse is closed.

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

AGENCY DELIVERY CONTACT:

San Antonio State Hospital
Whse Supvr Charles Garrison
PH: 210-831-7309
charles.garrison@hhs.texas.gov

HHSC BUYER:
Casandra Thompson, CTCD
Ph:512-776-4243
Email: Casandra.thompson@hhs.texas.gov

VENDOR:
Medline Industries Inc
Holly Carner
Ph: 281-245-4312
Email: hcarner@medline.com

FY23
MMCAP GPO and HHS Contract # HHS000626500001

MMCAP GPO and Medline Industries Contract # 2021003157

PURCHASING METHOD: EX-0
Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition MIM2309247 Line 42,48

1-1	475-24-00000-1 CANISTER SUCT 1200ML LOCK-LD MEDLINE OR212	475-24	6.00	CS	96.10000	\$576.60	02/02/2023
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

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MEDLINE INDUSTRIES INC
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Purchaser: Thompson,Casandra

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$576.60	
					Item Total for Line 1	\$576.60	
2-1	475-62-00000-4 MASK FACE EARLP YLW 300/CS MEDLINE NON27120 STANDARD	475-62	60.00	CS	61.35000	\$3,681.00	02/02/2023
					Schedule Total	\$3,681.00	
					Item Total for Line 2	\$3,681.00	
Total PO Amount						\$4,257.60	

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

Casandra Thompson, CTCD

01/19/2023