## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment T Net 30	erms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-3-0000308904	
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> 01/25/23	Revision Pa		
guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed a ts. nts, shipping papers, invoices, and corres urchase Order Number.	numbered purchase	e order	Ship To:			
Vendor:	1363640402 5 STERICYCLE INC 2355 WAUKEGAN RD BANNOCKBURN IL 60015-1586 <b>United States</b>		Bill To:	Invoice-DSHS Fi DEPARTMENT 1100 W 49th St (I PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH SERVICES RBB)		
				Fax: Email:	512/458-7442 invoices@dshs.te	xas.gov	
				Purchaser:	Ender,Katrinia	512/406-2428	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

FY23 funding PCC: SP/E Requisition 186488

Pricing per Quote Dated: November 28, 2022 PO Service Dates 01/25/2023 to 08/31/2023

Attached Terms and Conditions apply to this Purchase Order.

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The following documents are incorporated by reference into this Purchase Order:

Attachment 1- HHS Contract Affirmations Version 2.2,

Attachment 2- HHS Uniform Terms and Conditions Vendor Version 3.3,

Attachment 3- Site List and Pricing Detail,

Attachment 4- Contractor Waste Acceptance Policies, and Attachment 5- Contractor Insurance and Permit Documentation

\*\*\*\*\*\*\*\*\*\*

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** Name: Joe Sagala Phone: 847-943-6604

Email: government@stericycle.com or jsagala@stericycle.com

Agency Contact Name: Patricia Soldevila Phone: 210-949-2122

Email: Patricia.Soldevila@dshs.texas.gov

**PCS Contact** Name: Katrinia Ender Phone: 512-406-2428

Email: Katrinia.Ender@hhs.texas.gov

1-1 948-93 1.00 YR 1000,00000 \$1,000.00 01/25/2023

# **Department of State Health Services**

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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.				Sh	ір То:	DEPARTMENT 7430 Louis Paster	Antonio TX 78229		
Vendor:	1363640402 5 STERICYCLE INC 2355 WAUKEGAN RD BANNOCKBURN IL 60015-1586 <b>United States</b>			Bill To: Fax: Email:		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States  512/458-7442 invoices@dshs.texas.gov			
					rchaser:	Ender,Katrinia		12/406-2428	
Line-Sch	Inventory Item ID - Line Description FY23 Sharps Disposal Service with	Class/Item	Quantity	UOM	[	PO Price	Extended Amt	Due Date	
	Stericycle				Sche	dule Total	\$1,000.00		
					Item Total	for Line 1	\$1,000.00		
2-1	FY23 Sharps Disposal Service with Stericycle	948-93	1.00	YR	1	000.00000	\$1,000.00	01/25/2023	
				Sche		dule Total	\$1,000.00		
					Item Total	for Line 2	\$1,000.00		
3-1	FY23 Sharps Disposal Service with Stericycle	948-93	1.00	YR	1	000.00000	\$1,000.00	01/25/2023	
				Sch	Sche	dule Total	\$1,000.00	-	
					Item Total	for Line 3	\$1,000.00		
4-1	FY23 Sharps Disposal Service with Stericycle	948-93	1.00	YR	1	000.00000	\$1,000.00	01/25/2023	
					Sche	dule Total	\$1,000.00		
					Item Total	for Line 4	\$1,000.00		
					Total P	O Amount	\$4,000.00		

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guarantees g requirement All shipmen	responses become a part of this numbered p goods or services delivered meet or exceed n s. nts, shipping papers, invoices, and corresp archase Order Number.	umbered purchas	e order	Ship To:		
Vendor:	1363640402 5 STERICYCLE INC 2355 WAUKEGAN RD BANNOCKBURN IL 60015-1586 United States		Bill To:	Invoice-DSHS Fis DEPARTMENT ( 1100 W 49th St (FPO Box 149347 Austin TX 78756 United States	OF STATE HEALTH SERVICES RBB)	
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov
				Purchaser:	Ender,Katrinia	512/406-2428
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

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
Katina Gray, acq cram
01/25/2023