## **Department of State Health Services**

## **Purchase Order**

Dispatch via Print

	Prepaid & Allow	<b>Ship Via</b> BEST WA		Purchase Order	ŀ	HSTX-3-00	000308953
Net 30 Prepaid & Allow BEST WAY   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.   All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Date 01/25/23 Ship To:	RevisionPage1 - 1/25/20234546 - Austin:1100 W 49th St (DBGLDEPARTMENT OF STATE HEALTH SERVICES1100 W 49th St (DBGL)PO Box 149347Austin TX 78756United States		
Vendor:	1223336902 9 THOMAS SCIENTIFIC INC 1654 HIGH HILL ROAD PO BOX 99 SWEDESBORO NJ 080856099 <b>United States</b>			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		I SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texa	is.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser:	Fuentes,Michael	51 Extended Amt	2/491-2879 Due Date

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

FREIGHT: F.O.B. Destination Freight Prepaid 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

AGENCY CONTACT: Rashmi Tuladhar 512-776-7784 Rashmi.Tuladhar@dshs.texas.gov

Ship to Attn: Rashmi Tuladhar Building: Laboratory L114 FLOOR: 4th, L-432

HHSC BUYER: Michael Fuentes, CTCD 512-287-1710 Michael.Fuentes@hhs.texas.gov

VENDOR: Courtney Legler 800-345-2100 courtney.legler@thomassci.com

QUOTE# 10ulXL-Thomas\_Tips

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

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# 214652

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Payment Tern	ns Freight Terms	Ship V	/ia		_	· ·		
Net 30	Prepaid & Allow	BEST	WAY	Purchase Orde	r l	HSTX-3-0		
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				Fax:512/458-7442Email:invoices@dshs.texas.gov		1S.gov		
				Purchaser:	Fuentes,Michael	-	12/491-2879	
Line-Sch I	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
	CAT#1149J70, 10UL XL SHARP ELITE BARRIER (FILTER) TIPS	175-54	10.00	CS	270.64000	\$2,706.40	01/25/2023	
				Sch	nedule Total	\$2,706.40		
				Item Tota	l for Line 1	\$2,706.40		
				Total 1	PO Amount	\$2,706.40		

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 Malif Funt, CTPM 01/25/2023