Department of State Health Services

Purchase Order

Dispatch via Print

512/491-2879

Due Date

Extended Amt

Payment Ter		Ship Via			LOTY A ASSOCIATION
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	<u>HI</u>	HSTX-3-0000309606
	y informal bid, Invitation for Offer, or R		Date	Revision	Page
	terms, and conditions set forth in the ad		02/06/23		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:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1330804655 9 ILLUMINA INC 12864 COLLECTION CENTER DR CHICAGO IL 606930128 United States		Bill To:	Invoice-DSHS Fiscal DEPARTMENT OF S 1100 W 49th St (RBB PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.ş	gov

Quantity

Purchaser:

UOM

Fuentes, Michael

PO Price

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

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

Inventory Item ID - Line Description

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

Class/Item

AGENCY CONTACT: Bonnie Oh 512-776-2432

Bonnie.Oh@dshs.texas.gov

Ship to Attn: Bonnie Oh Laboratory L114 FLOOR: 5th, L501

HHSC BUYER:

Line-Sch

Michael Fuentes, CTCD

512-406-2433

Michael.Fuentes@hhs.texas.gov

VENDOR: Ryan Reynolds 858-202-4500

RReynolds@Illumina.com

QUOTE NUMBER: 4487559 Informal IFB #216118

PURCHASING METHOD: OM/F Texas Government Code 2156.063 Not to Exceed \$25,000

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# 216118

Department of State Health Services

Purchase Order

Ship Via

Payment Terms

2-1

Freight Terms

SHIPPING & INSURANCE /

HANDLING FEE

Dispatch via Print

Net 30	Prepaid & Allow	BEST		Purchase Ord	ler H	HHSTX-3-000030960		
	by informal bid, Invitation for Offer, or Rec		Date 02/06/23	Revision	Pa			
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.				Ship To:	DEPARTMENT OF	Austin TX 78756		
Vendor:	1330804655 9 ILLUMINA INC 12864 COLLECTION CENTER DR CHICAGO IL 606930128 United States			Bill To:	DEPARTMENT OF	Austin TX 78756		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov				
				Purchaser:	Fuentes, Michael	512/491-2879		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
1-1	20075294; NEXTSEQ 1000/2000 P1 REAGENTS (600 CYCLES)	175-74	12.00	EA	1900.00000	\$22,800.00 02/06/2023		
				Se	chedule Total	\$22,800.00		
				Item Tot	tal for Line 1	\$22,800.00		

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

1.00 LOT

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

962-86

Authorized By

Mharty, CTCD

1368.00000

Schedule Total

Item Total for Line 2

Total PO Amount

05/15/2023

\$1,368.00 02/06/2023

\$1,368.00

\$1,368.00

\$24,168.00