Health and Human Services Commission

Purchase Order

Dispatch via Print

512/406-2478

Due Date

Extended Amt

| Payment Ten Net 30 | rms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | НН | STX-3-0000309915 | |
|---------------------------|--|-----------------------------|----------------------|--|---------------------|--|
| specifications | by informal bid, Invitation for Offer, or Rs, terms, and conditions set forth in the ad | vertisement and vendor's | Date 02/10/23 | Revision | Page 1 | |
| requirements All shipment | 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. | | | 6065 - Pollok:6844 N US Hwy 69 HEALTH & HUMAN SERVICES COMMISSION 6844 N US Hwy 69 PO Drawer 1648 Pollok TX 75969 United States | | |
| Vendor: | 1362999230 9 ARJOHUNTLEIGH INC PO BOX 640799 PITTSBURGH PA 152640799 United States | | Bill To: | Invoice - DADS HEALTH & HUMAN S 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States | SERVICES COMMISSION | |
| | | | Fax: Email: | 254/562-1894 718Accounting@hhs.te | xas.gov | |

Quantity

Purchaser:

UOM

Meads, Courtney

PO Price

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

Inventory Item ID - Line Description

DELIVERY: 14-30 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays

Class/Item

QUOTE #: Quotation Q-105885

Req 3-000021412-2

Line-Sch

SEND INVOICES VIA EMAIL TO 718Accounting@hhs.texas.gov

AGENCY CONTACT: Kevin Ward Kevin.Ward@hhs.texas.gov 936-853-8279

HHSC BUYER: Courtney Meads, CTCD, CTCM 512-406-2478 courtney.meads@hhsc.state.tx.us

VENDOR: Dan Sarofim LTC Territory Manager 2349 W. Lake St. Addison, IL 60101

Office: (630) 785-4736 Mobile: (630) 202-2414 dan.sarofim@arjo.com

PREMIER GPO and HHS Contract # HHS000776400001

PREMIER GPO and ArjoHuntlight # PHD T3 PP NS 1494

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

REQUIREMENTS/LIMITATIONS:

Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Terms | Freight Terms | Ship Via | | LILIC. | TV 2 000020004F |
|--|-----------------|----------|--|--|-----------------|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | ннэ | TX-3-0000309915 |
| 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 02/10/23 | Revision | Page 2 |
| | | | Ship To: | 6065 - Pollok:6844 N US Hwy 69 HEALTH & HUMAN SERVICES COMMISSION 6844 N US Hwy 69 | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | PO Drawer 1648 Pollok TX 75969 United States | | |
| ** * 10 | <2000220 | | D | T : D.D.C | |

Vendor: 1362999230 9

ARJOHUNTLEIGH INC PO BOX 640799

PITTSBURGH PA 152640799

United States

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

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 214123

| 1-1 | Bath Trolley, Bolero, Model CEB6003 | 475-10 | 4.00 | EA | 9163.03000 | \$36,652.12 | 02/10/2023 |
|-----|--|--------|-------|-----|------------------------|--------------|------------|
| | · | | | | Schedule Total | \$36,652.12 | |
| | | | | | Item Total for Line 1 | \$36,652.12 | |
| 2-1 | Shower Trolley, Concerto, Model BAB1000-01 | 475-10 | 2.00 | EA | 7899.98000 | \$15,799.96 | 02/10/2023 |
| | | | | | Schedule Total | \$15,799.96 | |
| | | | | | Item Total for Line 2 | \$15,799.96 | |
| 3-1 | Lift with Scale, Maxi Move Lift-with Scale, Model KMCLUN | 470-50 | 11.00 | EA | 9207.11000 | \$101,278.21 | 02/10/2023 |
| | | | | | Schedule Total | \$101,278.21 | |
| | | | | | Item Total for Line 3 | \$101,278.21 | |
| 4-1 | Freight | 962-82 | 1.00 | LOT | 7188.78000 | \$7,188.78 | 02/10/2023 |
| | | | | | Schedule Total | \$7,188.78 | |
| | | | | | Item Total for Line 4 | \$7,188.78 | |
| | | | | | Total PO Amount | \$160,919.07 | |

Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Te | 8 | Ship Via | | LILICTY 2 000020004 | _ | |
|---|--|-------------------------|----------------|--|----------|--|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHSTX-3-000030991 | <u>၁</u> | |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all | | | Date | Revision Pag | ge | |
| | is, terms, and conditions set forth in the adv | | 02/10/23 | | | |
| | responses become a part of this numbered p | | Ship To: | 6065 - Pollok:6844 N US Hwy 69 HEALTH & HUMAN SERVICES COMMISSION 6844 N US Hwy 69 | | |
| | oods or services delivered meet or exceed r | numbered purchase order | • | | | |
| requirements | | 1 11 11 110 1 | | | | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | | PO Drawer 1648 | | |
| with our Pu | rcnase Order Number. | | | Pollok TX 75969 | | |
| | | | | United States | | |
| Vendor: | 1362999230 9 | | Bill To: | Invoice - DADS | | |
| venuor. | ARJOHUNTLEIGH INC | | DIII 101 | HEALTH & HUMAN SERVICES COMMISSION | | |
| | PO BOX 640799 | | | 424 Mesquite Dr | | |
| | PITTSBURGH PA 152640799 | | | PO Box 1132 | | |
| | United States | | | Mexia TX 76667 | | |
| | | | | United States | | |
| | | | Fax: | 254/562-1894 | | |
| | | | rax: Email: | 718Accounting@hhs.texas.gov | | |
| | | | Eman. | , 101 recomming emis. rexus. gov | | |
| | | | Purchaser: | Meads,Courtney 512/406-2478 | | |
| Line-Sch | Inventory Item ID - Line Description | 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

02/17/2023