Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	(-3-0000310879
specifications	y informal bid, Invitation for Offer, or Roterms, and conditions set forth in the adv	vertisement and vendor's	Date 02/27/23	Revision	Page 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:	Ship To: 4546 - Austin:1100 W 49th St (DBGI DEPARTMENT OF STATE HEALT: 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1911319190 2 VWR INTERNATIONAL LLC 100 MATSONFORD RD STE 200 RADNOR PA 190874558		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347	HEALTH SERVICES

United States

Fax: 512/458-7442 Email: invoices@dshs.texas.gov

Austin TX 78756

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due Date

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000218401

INVOICING - See above for Bill to Information

United States

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact:

Chris Malota / Consumer Microbiology Lab / 512-776-7611

Email: Chris.Malota@dshs.texas.gov

HHSC terms and conditions attached

Purchaser Information: HHSC Purchasing:

Contact Name: Leslie Alexander Contact Phone: 512-406-2424

Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION

VID: 19113191902

Contractor: VWR International, LLC Contact Name: Lisa Shelly

Email: customerservice@avantorsciences.com

Phone: Cell (281) 935-9205

Alternate Email: lisa.shelly@avantorsciences.com

Quote via vendor website / Date: 02/27/2023

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 490-43 1.00 EA 82.95000 \$82.95 03/06/2023

Department of State Health Services

Purchase Order

Dispatch via Print

Payment T	'erms	Freight Terms	Ship V	⁷ ia				
Net 30		Prepaid & Allow	BEST		Purchase Order		HHSTX-3-00	
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					Date 02/27/23	Revision		Page 2
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Vendor:	100 MA	NTERNATIONAL LLC ATSONFORD RD STE 200 DR PA 190874558			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov				
					Purchaser:	Alexander,Lesl	ie L 51	12/406-2424
Line-Sch	Inventory	Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Sche	edule Total	\$82.95	
				for Line 1	<u> </u>			
					Total P	O Amount	\$82.95	

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

Leslie Hand S. CTP

02/27/2023