Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te		Ship Via		HHSTX-3-0000310981		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order Date			
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			02/28/23	Revision Page		
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:	1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States		
Vendor:	Vendor: 1042836124 9 DIVERSIFIED BIOTECH 65 COMMERCE WAY DEDHAM MA 020262953 United States		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:	Wilson,Paige		

Quantity

UOM

PO Price

Extended Amt

Due Date

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 Day 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: Belinda J Garza 956-364-8759 belinda.garza@dshs.texas.gov

Ship to Attn: Belinda J Garza DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen, TX 78552

HHSC BUYER: Paige Wilson, CTCD Paige.wilson@hhs.texas.gov

VENDOR:

Line-Sch

VID: 1042836124

Contractor: Diversified Biotech Contact Name: Theresa Coleman

Email: info@divbio.com / Support@Divbio.com

Phone: 800-796-9199 781-326-6709

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 # 0000218486

Department of State Health Services

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				Fax: Email:	512/458-7442 invoices@dshs.texas.gov				
				Purchaser:	Wilson,Paige				
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date		
1-1	DIRECT THERMAL CRYO-TAGS (1.05 X 0.50) WHITE #DTCR-1000	490-43	4.00	ROL	47.00000	\$188.00	03/14/2023		
				Sc	hedule Total	\$188.00			
				Item Tota	al for Line 1	\$188.00			
2-1	ANIT-VIBRATION PAD, 7"X8.5", 2/PKG	490-43	2.00	PKG	31.50000	\$63.00	03/14/2023		

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.

#VIBE-1000

Authorized By

Paigs Wilson

03/01/2023

Schedule Total

Item Total for Line 2

Total PO Amount

\$63.00 \$63.00

\$251.00