Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000311162
specifications, terms	ormal bid, Invitation for Offer, or Request, and conditions set forth in the advert	isement and vendor's	Date 03/02/23	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:	St (DBGL HEALTH SERVICES		
Vendor: 143	31742718 6		Bill To:	Invoice-DSHS Fiscal Claims	

SIGMA ALDRICH INC PO BOX 535182 ATLANTA GA 303535182

United States

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Purchaser: Wherry, Valerie F 940/720-8479 **Due Date** Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price Extended Amt

*******INTERNAL ONLY: ATTN: DSHS CLAIMS: SEND APPROVAL REQUESTS ONLY TO LABACCOUNTING@DSHS.TEXAS.GOV******

VERY IMPORTANT NOTE TO VENDOR: Blanket PO. Do NOT ship entire order upon receipt of PO. Only release certain items upon the request of authorized DSHS Staff

BLANKET PURCHASE ORDER

TERM: Date of PO through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

FREIGHT: F.O.B. Destination Freight Prepaid/Add

DELIVERY: 5-7 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

AGENCY CONTACT: Nachea Qualls (512)776-7491

nachea.qualls@dshs.texas.gov

FOR DSHS INTERNAL DELIVERY INFO Loading Dock: L-114

Building: Laboratory L-501

HHSC BUYER: Valerie Wherry, CTCD (940)720-8479 valerie.wherry@hhs.texas.gov

VENDOR: (800)325-3010 csscorders@milliporesigma.com

Quote #23044367

PURCHASING METHOD: SP/E

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Vendor:	1431742718 6 SIGMA ALDRICH INC PO BOX 535182 ATLANTA GA 303535182 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE I 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	HEALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		

				Purchaser:	Wherry, Valerie F	940/720-8479
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO.

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2023, will be considered cancelled.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition #0000219215

1-1	5100-M CHEMICON LIGHT DIAGNOSTICS RABIES REAGENT	175-13	6.00	EA	775.00000	\$4,650.00	08/31/2023
					Schedule Total	\$4,650.00	
					Item Total for Line 1	\$4,650.00	
2-1	Transportation/Handling	962-86	1.00	LOT	72.08000	\$72.08	08/31/2023
					Schedule Total	\$72.08	
					Item Total for Line 2	\$72.08	
					Total PO Amount	\$4,722.08	

Department of State Health Services

Purchase Order

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Payment Te	e e	Ship V				ILIOTY A AA	00044400
Net 30	FOB Dest. Prepaid & Add	BEST V	WAY	Purchase Order	F	HSTX-3-00	00311162
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 03/02/23	Revision Pa 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States			
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				Purchaser:	Wherry,Valerie F		/720-8479
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

Valerie Wherry, CTCD

03/03/2023