Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000311232
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 03/02/23	Revision	Page 1
guarantees go requirements All shipmen	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: 7800 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SER 1111 W North Loop Austin TX 78756 United States	
Vendor:	1980033013 6 SANOFI PASTEUR INC 12458 COLLECTION CENTER DR CHICAGO IL 606930124 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:	Wherry, Valerie F	940/720-8479

Pricing for childhood vaccines are referencing the current Center for Disease Control and Preventions (CDC) Federal Contract for Vaccine and Biologicals, CDC Federal Contract Number: 75D30122D13471 Manufacturer: Sanofi Pasteur (SANOFI). Program, (Immunizations, Vaccine Services Group) will order vaccine via VTrckS, the CDC purchasing system

Quantity

Class/Item

UOM

PO Price

Extended Amt

Due Date

******DO NOT MAIL VENDOR COPY********

Inventory Item ID - Line Description

THIS ENCUMBRANCE IS AGAINST THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION CONTRACT # 75D30122D13471

FOB Destination, Prepaid and Allowed Delivery: 7-14 Days After Receipt of PO

FOR DSHS INTERNAL DELIVERY INFO: **BUILDING: Pharmacy Warehouse**

FLOOR: 1st

Line-Sch

CONTACT: Attn: Pharmacy Warehouse

PHONE #: (512) 458-7500

AGENCY DELIVERY CONTACT:

Brandy Tidwell (512)776-6429 brandy.tidwell@dshs.texas.gov

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

PURCHASE MADE UNDER THE AUTHORITY OF TX. GOVT. CODE 2155.144 FOR CLIENT SERVICES. REQUISITION #219742, PCC: EX/0

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

CDC CONTRACT SITE: https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html

1-1 269-80 100.00 VIA 19.88000 \$1,988.00 03/20/2023

Department of State Health Services

Purchase Order

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Payment Terms Net 30	Freight Terms	Ship Via BEST WAY	Durchase Order	HHSTX-3-00003112		
Net 30 Prepaid & Allow BEST WAY 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.			Purchase Order Date 03/02/23	Revision Page 2		
			Ship To:	7800 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Austin TX 78756 United States		
Vendor: 198	80033013 6		Rill To:	Invoice-DSHS Fiscal Claims		

Vendor:

SANOFI PASTEUR INC

12458 COLLECTION CENTER DR

CHICAGO IL 606930124

United States

DEPARTMENT OF STATE HEALTH SERVICES

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

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

Wherry, Valerie F 940/720-8479 Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Extended Amt Due Date Quantity Schedule Total \$1,988.00 Item Total for Line 1 \$1,988.00 2-1 269-80 200.00 VIA 22.58100 \$4,516.20 03/20/2023 TD. TENIVAC® 49281-0215-15, 10 PK 1 DS SYR Schedule Total \$4,516.20 Item Total for Line 2 \$4,516.20 269-80 1000.00 VIA 34.39600 \$34,396.00 03/20/2023 3-1 TDAP, ADACEL® 49281-0400-20, 5 PK 1 DS SYR Schedule Total \$34,396.00 Item Total for Line 3 \$34,396.00 4-1 269-80 100.00 VIA 34.39600 \$3,439.60 03/20/2023 TDAP, ADACEL® 49281-0400-10, 10 PK 1 DS VLS Schedule Total \$3,439.60 Item Total for Line 4 \$3,439.60 269-80 1700.00 VIA 104.71800 \$178,020.60 03/20/2023 5-1 MCV4, MENQUADFI® 49281-0590-05. 5 PK 1 DS VLS Schedule Total Item Total for Line 5 \$178,020.60 269-80 700.00 VIA 15.11300 \$10,579.10 03/20/2023 IPV, IPOL® 49281-0860-10, 10 PK 1 DS VLS Schedule Total \$10,579.10

Department of State Health Services

Purchase Order

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Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	1	HHSTX-3-00	000311232
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 03/02/23	Revision Pag		
guarantees go requirements All shipmen	responses become a part of this numbered prods or services delivered meet or exceed not set to services, invoices, and correspondate Order Number.	Ship To:	7800 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States			
Vendor:	1980033013 6 SANOFI PASTEUR INC 12458 COLLECTION CENTER DR CHICAGO IL 606930124 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:	Wherry,Valerie F	94	0/720-8479
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total for Line 6\$10,579.10			
			Total P	O Amount	\$232,939.50	

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 Wheny, CTCD

03/02/2023