

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000311660
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 03/09/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMISSION 4001 S Hwy 36 Brenham TX 77833 United States

Vendor: 1202046702 8
MCKESSON MEDICAL SURGICAL GOVERNMENT SOL
PO BOX 531288
ATLANTA GA 303531288
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Wilson,Paige

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 14 Days 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

AGENCY CONTACT:
Susan Washington
979-200-1701
susan.washington@txhhs.onmicrosoft.com

Ship to Attn:
Susan Washington
HEALTH HUMAN SERVICES COMMISSION
4001 S Hwy 36
Brenham, TX 77833

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

VENDOR:
McKesson Medical Supply
800-328-8111
Government.Sales@McKesson.com

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 #0000219135

1-1	CORN PROTECTOR VISCO-GEL SM	475-55	3.00	PR	5.09000	\$15.27	03/23/2023
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	#890225PEDIFIX #P81-S						
					Schedule Total	\$15.27	
					Item Total for Line 1	\$15.27	
2-1	MASK, CPAP W/HEADGEAR KIT BGE #829666CIRCADIANCE #100563	475-55	1.00	EA	82.13000	\$82.13	03/23/2023
					Schedule Total	\$82.13	
					Item Total for Line 2	\$82.13	
3-1	BARRIER, SKIN SUR-FIT NATURA DURAHESIVE #581641CONVATEC #411804	475-55	79.00	BOX	62.00000	\$4,898.00	03/23/2023
					Schedule Total	\$4,898.00	
					Item Total for Line 3	\$4,898.00	
					Total PO Amount	\$4,995.40	

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

Paige Wilson, CTCD

03/10/2023