

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Allowed	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312073
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 03/14/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States

Vendor: 1411261653 8
MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP
PO BOX 936279
ATLANTA GA 31193-6279
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
424 Mesquite Dr
PO Box 1132
Mexia TX 76667
United States

Fax: 254/562-1894
Email: 718Accounting@hhs.texas.gov

Purchaser: Hill, Geneva L 512/406-2463

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

This Purchase Order is issued in accordance with Quote # 529-220073 received on 3-14-23 on line at McKesson

Vendor contact:
sales@mckesson.com

AGENCY CONTACT:
Rachel Eubanks
903-6837528
Rachel.eubanks@hhs.texas.gov

BUYER:
Geneva Hill 512-406-2463
Cell: 512-905-2100
geneva.hill@hhs.texas.gov

PURCHASE MADE UNDER THE AUTHORITY OF
TX. GOVT. CODE 2155.1441 FOR CLIENT SERVICES

This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature." CPA Procurement Manual, pg. 145, section 2.57.

F.O.B Destination Freight Prepaid Included
Delivery 5 days ARO

1-1	#1102612 Abbott Nutrition #66899 Oral Supplement Ensure® Max Protein Nutrition Shake Milk Chocolate Flavor Liquid 11 oz. Carton	393-56	12.00	CS	39.62000	\$475.44	03/14/2023
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Schedule Total \$475.44

Item Total for Line 1 \$475.44

2-1		393-56	12.00	CS	40.78000	\$489.36	03/14/2023
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States

Vendor: 1411261653 8
MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	#1209630 Abbott Nutrition #67165 Oral Supplement Ensure® Max Protein Shake Vanilla Flavor Liquid 11 oz. Carton						
Schedule Total						\$489.36	
Item Total for Line 2						\$489.36	
3-1	#1197423 Abbott Nutrition #68169 Oral Supplement Ensure® Max Protein Creamy Strawberry Flavor Liquid 11 oz. Carton	393-56	6.00	EA	15.51000	\$93.06	03/14/2023
Schedule Total						\$93.06	
Item Total for Line 3						\$93.06	
Total PO Amount						\$1,057.86	

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

Geneva Hill CTC D

03/14/2023