

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312257
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 03/16/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

Vendor: 1113136595 6
HENRY SCHEIN INC
135 DURYEA RD
MELVILLE NY 117473834
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Perez,Aurora Dianne

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

F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 1-30 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

QUOTE #: Dated 2/28/23

AGENCY CONTACT:
Lisa Newlin
512-776-3021
Lisa.newlin@dshs.texas.gov

Ship to Attn: Brandy Gibson
512-776-7111
brandygibson@dshs.texas.gov

HHSC BUYER:
Dianne Perez, CTCD
512-406-2493
Dianne.perez@hhs.texas.gov

VENDOR:
Henry Schein
800-851-0400 ext. 2243227
stacy.meadows@henryschein.com

MMCAP GPO and DSHS Contract # HHS000629500001

MMCAP GPO and Henry Schein Contract # MMS18016

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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 # 223456

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312257
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 03/16/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

Vendor: 1113136595 6
HENRY SCHEIN INC
135 DURYEA RD
MELVILLE NY 117473834
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Perez,Aurora Dianne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Item #2770131 MFG # 1757152Isoniazid Tabs 300mg 100/Bt	269-72	2000.00	EA	24.11000	\$48,220.00	03/31/2023
Schedule Total						<u>\$48,220.00</u>	
Item Total for Line 1						<u>\$48,220.00</u>	
2-1	Shipping	269-72	1.00	EA	300.00000	\$300.00	03/31/2023
Schedule Total						<u>\$300.00</u>	
Item Total for Line 2						<u>\$300.00</u>	
Total PO Amount						<u>\$48,520.00</u>	

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

Diane Perry, CTC's

03/16/2023