## **Department of State Health Services**

## **Purchase Order**

					Dispatch via Prir	
Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	Н	HSTX-3-000031272	
specification	by informal bid, Invitation for Offer, or Reas, terms, and conditions set forth in the adv	vertisement and vendor's	Date 03/22/23	Revision Page		
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:	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States		
Vendor:	1911319190 2 VWR INTERNATIONAL LLC 100 MATSONFORD RD STE 200 RADNOR PA 190874558 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texas.	.gov	
			Purchaser:	Martinez, Travis		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ty UOM	PO Price	Extended Amt Due Date	

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 7 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: Mia Simmons Administrative Assistant IV Food and Drug Section **Consumer Protection Division** 1100 W 49th Street PO Box 149347 Mail Code 1987 Austin, TX 78714-3947 PH: 737-218-7067 CELL: 512-375-2401

HHSC BUYER: Travis Martinez, CTCD, CTCM Ph 512-438-5685 Travis.Martinez@hhs.Texas.Gov

VENDOR: Dealer: VWR International, LLC

Contact Name: Tiffany Bell

Email: customerservice@avantorsciences.com

Address: 100 Matsonford Road, Ste. 200 Radnor PA 19087-8660

PURCHASING METHOD: CP/X Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-19-661

Smartbuy PO: 23121700

## **Department of State Health Services**

## **Purchase Order**

Payment Ter	rms Freight Terms	Ship Vi	0			2.000	tch via Print
Net 30	Prepaid & Allow	BEST V		Purchase Order	H	HSTX-3-0	000312723
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			<b>Date</b> 03/22/23	Revision		<b>Page</b> 2	
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				Purchaser:	Martinez, Travis		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
This PO is c	ENTS/LIMITATIONS: ontingent upon the continued availability 34 TAC §20.487, amended effective Ma 218428		opriations by	the Texas Legislatur	e. FY2023 funding.		
1-1	Test Tube Racks	475-70	2.00	EA	28.95000	\$57.90	03/29/2023
			Sche	dule Total	\$57.90		
				Item Total	for Line 1	\$57.90	
				Total P	O Amount	\$57.90	

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	
This Mutting, CTCD	03/22/2023

**Dispatch via Print**