## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000312897 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 03/23/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 1232942737 6 Bill To: Invoice-DSHS Fiscal Claims Vendor: FISHER SCIENTIFIC COMPANY LLC DEPARTMENT OF STATE HEALTH SERVICES PO BOX 404705 1100 W 49th St (RBB) ATLANTA GA 303844705 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Mcmurtray, Nicole Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt **Due Date** 

FREIGHT: F.O.B. Destination Freight Prepaid and 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: Rashmi Tuladhar 512-776-7784 Rashmi,Tuladhar@dshs.texas.gov

Amy DeLeon amy.deleon@dshs.texas.gov +1 (512) 776-3735

HHSC BUYER: Nikki McMurtray, CTCD, CTCM Nikki.McMurtray@hhs.texas.gov 512-776-6190

VENDOR: Vendor ID #: 1232942737 FISHER SCIENTIFIC PO BOX 404705 ATLANTA, GA 30384 VENDOR ID: 12329427376 CONTACT: MATT SULLIVAN EMAIL: matt.sullivan@thermofisher.com PHONE: 800-640-0640

PREMIER GPO and DSHS Contract # HHS000722100001

PREMIER GPO and Supplier Name Contract # PP-LA-576

PURCHASING METHOD: EX/0

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

Not to Exceed \$50,000.00 unless solicited

**REQUIREMENTS/LIMITATIONS:** 

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# **Department of State Health Services**

## **Purchase Order**

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Payment Term Net 30	ns Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000312897
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			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 ATLANTA GA 303844705 <b>United States</b>		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:	Mcmurtray,Nicole
Line-Sch I	nventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date

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	
MKKi Inamintraz, CTCD, CTCM	
C	03/23/2023