

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms No Shipment Involved	Ship Via NO SHIP	Purchase Order HHSTX-4-0000313010
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 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States

Vendor: 1263091251 2
DIMMIT REGIONAL HOSPITAL
PO BOX 1016
CARRIZO SPRINGS TX 788347016
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: Mckelvy,Michael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
EX/0 Legal Cite 2155.144 Client Purchase
PO must not exceed \$10,000.00
Requisition 223690
Pricing per Quote dated 3-3-2023

PO Service Dates 09-01-2023 to 08-31-2024

Services to be performed: Laboratory Services

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

Vendor contact
1263091251
Dimmit Regional Hospital
John A. Graves
JGraves@DimmitRegional.com

Agency contact
David Acosta
512-776-6903
David.Acosta@DSHS.Texas.Gov

PCS contact
Mike McKelvy; CTCD, CTCM
512-406-2579
Mike.McKelvy@HHS.Texas.Gov

1-1	FY24 - RLHO Tuberculosis (TB) - Dimmit Regional Hospital - FY24 NEW TPO - TPO is to provide TB services in PHR 8 - Term 9/1/2023 - 8/31/2024	948-55	1.00	EA	35.00000	\$35.00	09/01/2023
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Schedule Total _____ **\$35.00**

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2
			Ship To: 4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States

Vendor: 1263091251 2
DIMMIT REGIONAL HOSPITAL
PO BOX 1016
CARRIZO SPRINGS TX 788347016
United States

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Item Total for Line 1 _____ \$35.00

Total PO Amount \$35.00

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  LTCO, CTCM	03/24/2023
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