Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	ΓX-3-0000313014
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 03/23/23	Revision	Page 1
guarantees grequirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s. tts, shipping papers, invoices, and corresponder Order Number.	numbered purchase order	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:	1911319190 2 VWR INTERNATIONAL LLC 100 MATSONFORD RD STE 200 RADNOR PA 190874558 United States		Bill To:	Invoice-DSHS Fiscal Claim DEPARTMENT OF STAT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Purchaser: Chamorro, Gustavo A

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

Ship to Attn: Bethany Bolling (L-515)

See above for Shipping and Invoice addresses

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

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

DELIVERY: 5-15 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:

Lab Contact: Bethany Bolling, 512-776-7615 E-mail: Bethany.Bolling@dshs.texas.gov

Lab inquiries: Amy DeLeon, 512-776-3735; amy.deleon@dshs.texas.gov or LabAccounting@dshs.texas.gov

HHSC BUYER:

Gustavo Chamorro, CTCD, 512-406-2630 Gustavo.Chamorro@hhs.texas.gov

VENDOR CONTACT:

REP: Jill George 945.732.2658; Customer Service 800-932-5000 Alan C. Email: jill.george@avantorsciences.com; hcspecialist@avantorsciences.com

QUOTE # 8032067376 Valid to 9-30-23

PURCHASING METHOD: SP/E

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

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 0000221930

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114 FLOOR: 5th Room: L-515

Requester name: Bethany Bolling, 512-776-7615 E-mail: Bethany.Bolling@dshs.texas.gov

INTERNAL ONLY: ATTN: DSHS CLAIMS: Send approval request only to LabAccounting@dshs.texas.gov

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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			Date 03/23/23	Revision	Page 2
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:	4546 - Austin:1100 W 49th S DEPARTMENT OF STATE 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	`

Vendor: 1911319190 2

VWR INTERNATIONAL LLC 100 MATSONFORD RD STE 200 RADNOR PA 190874558

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

Chamorro, Gustavo A Purchaser: **Inventory Item ID - Line Description** Class/Item Quantity PO Price Line-Sch **UOM Extended Amt** Due Date 175-13 8.00 EA 35.68000 1-1 \$285.44 04/07/2023 IB15720 ETHANOL 500ML Schedule Total \$285.44 Item Total for Line 1 \$285.44 175-53 2.00 EA \$225.50 04/07/2023 2-1 112.75000 10065-492 REPLACEMENT HEPA FILTER (1EA) Schedule Total \$225.50 Item Total for Line 2 \$225.50 3-1 475-62 2.00 CS 328.71000 \$657.42 04/07/2023 37000-922 LAB COAT BASIC+ WHT M CS25 Schedule Total \$657.42 \$657.42 Item Total for Line 3 475-62 2.00 CS 328.71000 \$657.42 04/07/2023 37000-924 LAB COAT BASIC+ WHT L CS25 Schedule Total \$657.42 Item Total for Line 4 \$657.42 5-1 475-62 5.00 CS 39.81000 \$199.05 04/07/2023 414004-641 VWR SHOECVR FLUID **BLUE UNIV 75PR** Schedule Total \$199.05 Item Total for Line 5 \$199.05

Purchase Order

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000313014
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1911319190 2 Vendor:

VWR INTERNATIONAL LLC $100 \, \mathrm{MATSONFORD} \, \mathrm{RD} \, \mathrm{STE} \, 200$ RADNOR PA 190874558

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

				Pur	chaser: Chamorro	,Gustavo A	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
6-1	89232-944 COMBITIP 25ML RED 1SET CS100	175-53	1.00	CS	212.02000	\$212.02	04/07/2023
					Schedule Total	\$212.02	
					Item Total for Line 6	\$212.02	
7-1	28199-371 FILTER ST NYL .2UM 250ML CS12	175-53	1.00	CS	223.73000	\$223.73	04/07/2023
					Schedule Total	\$223.73	
					Item Total for Line 7	\$223.73	
8-1	89492-612 WIPES GERMICIDAL 6/70 CT	345-94	1.00	CS	118.52000	\$118.52	04/07/2023
					Schedule Total	\$118.52	
					Item Total for Line 8	\$118.52	
9-1	89094-584 TOOL EASYREACH 18IN SS	175-53	1.00	EA	131.72000	\$131.72	04/07/2023
					Schedule Total	\$131.72	
					Item Total for Line 9	\$131.72	
10-1	76449-778 CLEANING PAD PES ST 2.75X7.75IN CS60	475-20	1.00	CS	276.70000	\$276.70	04/07/2023
					Schedule Total	\$276.70	
					Item Total for Line 10	\$276.70	
					Total PO Amount	\$2,987.52	

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Chamorro,Gustavo A 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

03/24/2023