

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-3-0000313199
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 03/27/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States

Vendor: 1030421376 1
JERIAMI ST CLAIR
HEALTH & SAFETY SOLUTIONS
3004 50TH ST STE C
LUBBOCK TX 79413-4129
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: Wright, Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding

SP/E

Requisition 225777 Pricing per Quote 1150 PO Service Dates 3/27/2023 to 08-31-2023

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 08-31-2023 are automatically canceled.

Vendor contact

lubbockcpr@gmailcpr.com
806-516-4648

Agency contact

Lori Dye
Lori.Dye@dshs.texas.gov
806-783-6474 Phone

PCS contact

Byron Wright CTCD
512-406-2512
Byron.Wright@hhs.texas.gov

1-1	ED: AED-FRX-195 Annual Agreement and Service. Includes post deployment review by physician, unit readiness, replacement of expired or used pads (1 per year) and replacement of battery as needed. Filed upgrades at no cost - manufacturer upgrade at cost	938-18	14.00	EA	275.00000	\$3,850.00	08/31/2023
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Schedule Total \$3,850.00

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			Ship To: 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States

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Vendor Contact info
Health Safety Solutions/ Lubbock CPR
Jeriami St. Clair
lubbockcpr@gmail.com
3004 50th St., Suite C Lubbock, TX 79413
www.lubbockcpr.com
806-516-4648 Phone

Item Total for Line 1 \$3,850.00

Total PO Amount \$3,850.00

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 <i>Byron Wright, CTCO</i>	03/27/2023
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