

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |  |                            |  |
|--|--|----------------------------|--|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>No Shipment Involved | <b>Ship Via</b><br>NO SHIP | <b>Purchase Order</b><br><b>HHSTX-4-0000313322</b>   |
| 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. |  |                            | <b>Date</b><br>09/01/23  |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |  |                            | <b>Revision</b><br>Page<br>1   |
|  |  |                            | <b>Ship To:</b><br>4552 - Austin:1100 W 49th St (RDM)<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (RDM)<br>Austin TX 78756<br>United States |

**Vendor:** 1751091664 0  
GAINESVILLE HOSPITAL DISTRICT  
DBA NORTH TEXAS MEDICAL CENTER  
1900 HOSPITAL BLVD  
GAINESVILLE TX 762402002  
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 |
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

FY24 funding  
EX/0 TGC 791 Interlocal  
PO must not exceed \$10,000.00  
Requisition 226223  
Pricing per Quote dated 09-07-2022

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

Services to be performed: Lab 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  
1751091664  
Gainesville Hospital District  
Terry Vogel  
940-612-8380  
Terry.Vogel@NTMConline.net

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) - Gainesville Community Hospital Inc. dba North Texas Medical Center - FY24 NEW TPO - TPO is to provide TB services in PHR 2/3 - Term 9/1/2023 - | 948-55 | 1.00 | EA | 550.00000 | \$550.00 | 09/01/2023 |
|-----|--|--------|------|----|-----------|----------|------------|

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8/31/2024

**Schedule Total**                     \$550.00


**Item Total for Line 1**                     \$550.00

**Total PO Amount**                     \$550.00

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.

|   |                   |
|---|-------------------|
| <b>Authorized By</b><br><br>CTCD, CTM | <b>03/28/2023</b> |
|---|-------------------|