Department of State Health Services

Purchase Order

Dispatch via Print

| Payment Te Net 30 | rms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHST | ΓX-4-0000313345 | |
|--|---|-----------------------------|----------------|---|------------------|--|
| specification | 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 | | | Revision | Page 1 | |
| guarantees go requirements All shipmen | responses become a part of this numbered bods or services delivered meet or exceed ts, shipping papers, invoices, and correctionse Order Number. | numbered purchase order | Ship To: | 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States | | |
| Vendor: | 1710427007 3 FEDERAL EXPRESS CORPORAT PO BOX 371461 PITTSBURGH PA 152507461 United States | | | 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: | Andrews, Kimberly | 972/337-6254 | |

Quantity

Class/Item

FY24 funding CP/C Requisition 0000220052 Managed Term Contract 962-C1 PO Service Dates 09-01-2023 to 08-31-2024

Inventory Item ID - Line Description

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.

UOM

PO Price

Extended Amt

Due Date

Vendor contact David Guanella 469-939-0578 daguanella@fedex.com stategov@fedex.com

Line-Sch

Alternate Contact Name: Erin Cook Alternate Phone: 901-397-2125 Alternate Email: erin.cook@fedex.com

Agency Contact:
Wilczynski,Rosalinda (DSHS)
1100 W 49th St (DHT) Ste T71
+1 (512) 776-6457
Administrative Asst IV
office T711
Env Epid Disease Registries

PCS Contact:
Kimberly Andrews, CTCD
Purchaser V- Services Department
Procurement and Contracting Services (PCS)
801 S Hwy 161 Suite 620, Office F
Grand Prairie, Texas 75051
Teleworking-please call thru Microsoft
Office: 972-337-6254
Kimberly.Andrews@hhs.texas.gov

Please note the following on the PO for DSHS internal purpose of invoices, deliveries, and communication to vendor:

1) Vendor: Please send invoice with PO number to DSHS Invoice email addresses Invoices@dshs.texas.gov, with a cc to

[&]quot;Services are to be delivered and invoiced after September 1, 2023"

Department of State Health Services

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| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | НН | STX-4-0000313345 |
|---|-------------------------------|-----------------------------|----------------------|--|------------------|
| conforming responses become a part of this numbered purchase order. Contractor | | | Date 09/01/23 | Revision | Page 2 |
| | | | Ship To: | 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | | | |
| X 7. 1 | 0427007.2 | | | I Delle E1 C | n-: |

Vendor: 1710427007 3

FEDERAL EXPRESS CORPORATION

PO BOX 371461

PITTSBURGH PA 152507461

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

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

EEDRS.Invoices@dshs.texas.gov.

2) DSHS Accounts Payable: send all approval claim forms to EEDRS.Invoices@dshs.texas.gov, Attn: Bobbie Warr

3) SCOR Division in CAPPS - #22 DSHS Community Health Improvement.

4) NIGP: 962-24

5) Fed Ex contract details are attached to this requisition.

Agency Contact for Internal Delivery: Agency Contact: Rosalinda Wilczynski Email: rosalinda.wilczynski@dshs.texas.gov

Phone: 512-776-6457

Contractor Information VID: 17104270073

Vendor Name: Federal Express Corporation

Address: PO BOX 371461

City/State: PITTSBURG, PA 15250-7461 Vendor Contact Name: David Guanella Email: daguanella@fedex.com

Phone: 469-939-0578

Or

Alternate Contact Name: Erin Cook Alternate Email: erin.cook@fedex.com Alternate Phone: 901-397-2125 Additional Email: stategove@fedex.com

1-1 962-24 1.00 LOT 5000.00000 \$5,000.00 09/01/2023

FY24 DSHS -EEDRS, Fed Ex Managed Contract 962-C1, Small Package 150 lbs. or less Overnight, Second Day, Ground Delivery Services, Term 9/1/2023-

8/31/2024

| Schedule Total | \$5,000.00 |
|-----------------------|------------|
| Item Total for Line 1 | \$5,000.00 |
| | |

Total PO Amount \$5,000.00

Department of State Health Services

Purchase Order

Dispatch via Print

| Payment To Net 30 | erms Freight Terms Prepaid & Allow | Ship V BEST V | | Purchase Order | Н | HSTX-4-000 | 0313345 |
|---|--|------------------|----------------------|--|--|------------------|----------|
| 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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Date 09/01/23 | Revision | | Page 3 | |
| | | | Ship To: | 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States | | MISSION | |
| Vendor: | 1710427007 3 FEDERAL EXPRESS CORPORATI PO BOX 371461 PITTSBURGH PA 152507461 United States | ON | | Bill To: | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERV. 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States | | SERVICES |
| | | | | Fax: Email: | 512/458-7442 invoices@dshs.texas | s.gov | |
| | | | | Purchaser: | Andrews,Kimberly | 972/ | 337-6254 |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt 1 | 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 Kimberly Andrews, CTCD

03/28/2023