### **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	K-3-0000313694
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			<b>Date</b> 03/31/23	Revision	Page 1
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 St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	232942737 6		Bill To:	Invoice-DSHS Fiscal Claims	

FISHER SCIENTIFIC COMPANY LLC

PO BOX 404705

ATLANTA GA 303844705

**United States** 

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: Mcmurtray, Nicole

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date
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FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 7 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: HONGAN NGO +1 (512) 776-2431 hongan.ngo@dshs.texas.gov

Tami Kenroy tami.kenroy@dshs.texas.gov

HHSC BUYER: Nikki McMurtray, CTCD, CTCM Nikki.McMurtray@hhs.texas.gov 512-776-6190

VENDOR: VENDOR: VID: 1364087754 Thermo Fisher Scientific 1400 Northpoint Parkway West Palm Beach, FL 34407 Bill Balsanek Cell: (512) 213-7797

Customer Care: (800) 532-4752 bill.balsanek@thermofisher.com QUOTE #: CPQ-00538087

PREMIER GPO and DSHS Contract # HHS000722100001

PREMIER GPO and Supplier Name Contract # PP-LA-576

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Not to Exceed \$50,000.00 unless solicited

# **Department of State Health Services**

# **Purchase Order**

							Dispa	tch via Print
Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purch	hase Order		HHSTX-3-00	000313694
specification	by informal bid, Invitation for Offer, or Req is, terms, and conditions set forth in the adve- responses become a part of this numbered pu	rtisement and ve	endor's	<b>Date</b> 03/31		Revision		<b>Page</b> 2
guarantees g requirements All shipmer	oods or services delivered meet or exceed nu	imbered purchas	se order	Ship T	Го:	DEPARTMENT 1100 W 49th St PO Box 149347		
with our Tu	renase Order (valider).					Austin TX 7875 United States	06	
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LLO PO BOX 404705 ATLANTA GA 303844705 United States	C		Bill To	o:	Invoice-DSHS I DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	Γ OF STATE HEALTI (RBB)	H SERVICES
					Cax: Email:	512/458-7442 invoices@dshs.t	texas.gov	
				Purch		Mcmurtray,Nic		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM		PO Price	Extended Amt	<b>Due Date</b>
REQUIRE	MENTS/LIMITATIONS:							
This PO is	contingent upon the continued availability	y of lawful app	ropriations by	the Texa	s Legislature	. FY2023 fundi	ng.	
Invoice per	34 TAC §20.487, amended effective Ma	y 1, 2022						
Requisition	219050							
1-1	Chromatograph Instrument ¿ To include: (Instrument, Items 1.1-1.8 on quote (\$48,896.59) & Consumables, Items 1.9-	175-60	1.00	EA	594	486.43000	\$59,486.43	04/07/2023
	1.14 on quote (\$7,029.44), all necessary for installation & Startup)+ Estimated Shipping/Handling (\$696), + Surcha				Sched	lule Total	\$59,486.43	
					Itom Total f	or Line 1	\$59,486.43	
					item Total i	or Line 1	ψ37,400.43	
2-1	WARRANTY; Qty 1 Extended Warranty (Lines 1.15-1.18 on quote) To include: 1 ea 038677 (\$.01)¿ SVC, Instal, Appl, DX-Sprt, Day, Qty 2 @ \$.01 ea=(\$.02) 701-086201 Yr 2 & 3 IC/SP Parts Only Warranty, 1 ea @ (\$4,575.20) ¿ 701-055805 - Extended Warranty Ye	938-81	1.00	EA	49	914.43000	\$4,914.43	04/07/2023
	•				Sched	lule Total	\$4,914.43	
						or Line 2		
					Total PC	Amount	\$64,400.86	

## **Department of State Health Services**

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			Purchaser:	Mcmurtray,Nicole		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Qua	antity UOM	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
MKG Mamwithay, CTCO, CTCM

03/31/2023