Purchase Order

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Payment Te		Ship Via					10024202
Net 30 If advertised	Prepaid & Allow by informal bid, Invitation for Offer, or Rec	BEST W quest for Proposal;		Purchase Order Date	Revision	HHSTX-3-0	JUU31392 Pa
specifications, terms, and conditions set forth in the conforming responses become a part of this numb		vertisement and vendor's		04/04/23			
	bods or services delivered meet or exceed nu			Ship To:	See Detail Below	,	
	ts, shipping papers, invoices, and corresp rchase Order Number.	ondence must be	identified				
Vendor: 1884 PERI PO B CHIC	1884129178 6 PERKINELMER US LLC PO BOX 7410907 CHICAGO IL 606740907 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov	
				Purchaser:	Chamorro,Gusta	avo A	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
FREIGHT: I	NSTRUCTIONS: Ship according to the		pecified on th	e PO.			
FREIGHT: I DELIVERY: Delivery hor LAB AGEN LAB: Erin Sv		ved 30 PM Monday F aney@dshs.texas	Friday excep s.gov	t designated State H			
FREIGHT: I DELIVERY: Delivery hor LAB AGEN Lab: Erin Sv Lab Inquirie HHSC BUY Gustavo Ch	F.O.B. Destination Freight Prepaid Allow 3-10 Days After Receipt of PO urs are from 8:00-11:30 AM and 1:00-4: CY CONTACTS: waney 512 776-7185 E-mail: Erin.Swa s: Dene Thompson, 512 776-2457 dene	ved 30 PM Monday F aney@dshs.texas	Friday excep s.gov	t designated State H			
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Purchase Order

			Ρι	urchase	e Order		Diana	tak via Drint
Payment To		ight Terms	Ship					tch via Print
specification conforming	d by informal bid, ns, terms, and cor responses becom	paid & Allow Invitation for Offer, or Read ditions set forth in the adva e a part of this numbered p delivered meet or exceed n	quest for Propos ertisement and v urchase order. C	endor's Contractor	Purchas Date 04/04/23 Ship To:	Revision	<u>HHSTX-3-0</u>	000313923 Page 2
	s. nts, shipping pap ırchase Order N	ers, invoices, and corresp umber.	ondence must	be identified		See Detail Bei	Jw	
Vendor:	PO BOX 74	MER US LLC 10907 IL 606740907			Bill To:	Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934 Austin TX 787 United States	T OF STATE HEALT t (RBB) 7	H SERVICES
					Fax: Ema		.texas.gov	
					Purchase	er: Chamorro,Gu	stavo A	
Line-Sch	Inventory Iter	n ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1		IENT SOLUTION PIRATION DATE	193-36	2.00	EA	307.01000	\$614.02	04/10/2023
	Ship To:	TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Merg Austin TX 78756 United States	.; LAB LOAD	ING DOCK -				
						Schedule Total	\$614.02	
					Ite	em Total for Line 1	\$614.02	
2-1	PLATE, 8 X 1	0010, DELFIA MIN-COATED CLEAR 2 STRIPS, 10 PLATES, PIRATION DATE	175-53	1.00	EA	811.00000	\$811.00	04/10/2023
	Ship To:	TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Merg Austin TX 78756 United States	.; LAB LOAD	ING DOCK -				
		United States				Schedule Total	\$811.00	
					Ite	em Total for Line 2	\$811.00	
3-1	BUFFER 250N	111; DELPHIA ASSAY ML; LONGEST DATE POSSIBLE;	193-36	2.00	EA	252.01000	\$504.02	04/10/2023
	Ship To:	TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Mer Austin TX 78756	.; LAB LOAD	ING DOCK -				
		United States				Schedule Total	\$504.02	

Purchase Order

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Payment To Net 30		g ht Terms nid & Allow	Ship V BEST		Pur	rchase Order		HHSTX-3-0	00031392
specification	ns, terms, and cond	nvitation for Offer, or Rec itions set forth in the adve	ertisement and ve	endor's	Dat 04/	te 04/23	Revision		Ρα
	goods or services de	a part of this numbered pu elivered meet or exceed nu			Shi	р То:	See Detail Belo	w	
All shipmer		rs, invoices, and corresp mber.	ondence must b	e identified	_				
Vendor:	1884129178 6 PERKINELMER US LLC PO BOX 7410907 CHICAGO IL 606740907 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			
							512/458-7442 invoices@dshs.t	texas.gov	
Line-Sch	Inventory Item	ID - Line Description	Class/Item	Ouantity	Pur UOM		Chamorro,Gus PO Price	stavo A Extended Amt	Due Date
ane ben	<u>Inventory rem</u>			Quantity	000		r Line 3		Dut Dut
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-1	CONCENTRAT	14; DELFIA WASH YE 1244-114; LONGEST DATE POSSIBLE;	193-36	2.00	EA	1	03.00000	\$206.00	04/10/2023
	Ship To:	TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Merç Austin TX 78756 United States	; LAB LOADI	ING DOCK - I	-				
						Sched	ule Total	\$206.00	
							ule Total r Line 4	· ·	
-1	ESTIMATED F	REIGHT CHARGES	193-36	1.00	LOT	Item Total fo		· ·	04/10/2023
i-1	ESTIMATED FI Ship To:	TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Merg Austin TX 78756	STATE HEAL	TH SERVICE ING DOCK - I	S	Item Total fo	r Line 4	\$206.00	04/10/2023
5-1		TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Merg	STATE HEAL	TH SERVICE ING DOCK - I	S	Item Total fo	r Line 4	\$206.00 \$125.00	04/10/2023
5-1		TEXAS DEPT OF 1100 W. 49TH ST ATTN: Mark Merg Austin TX 78756	STATE HEAL	TH SERVICE ING DOCK - I	S	Item Total fo 1 Sched	r Line 4	\$206.00 \$125.00 \$125.00	04/10/2023

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.

Purchase Order

						Dispatch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Orde	, HH	STX-3-0000313925
specifications	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	vertisement and ve	endor's	Date 04/04/23	Revision	Page 4
guarantees go requirements.	esponses become a part of this numbered p ods or services delivered meet or exceed n as, shipping papers, invoices, and corres	numbered purchas	se order	Ship To:	See Detail Below	
-	chase Order Number.	pondence must b	e identified			
Vendor:	1884129178 6 PERKINELMER US LLC PO BOX 7410907 CHICAGO IL 606740907 United States			Bill To:	Invoice-DSHS Fiscal C DEPARTMENT OF ST 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	laims °ATE HEALTH SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texas.go)V
				Purchaser:	Chamorro,Gustavo A	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price E	xtended Amt Due Date

Authorized By	
Entertop CTCD	04/04/2022
	<u>04/04/2023</u>