Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terr	ns Freight Terms	Ship Via			V 0 000004 4070
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000314078
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			Date 04/06/23	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:	1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States		
Vendor:	1751908110 7 ABATIX CORP 2400 SKYLINE DR STE 400 MESQUITE TX 751491990 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	•
			Fax:	512/458-7442	

512/406-2533 Rodriguez,Linda **Purchaser: Inventory Item ID - Line Description** Class/Item Line-Sch **UOM** PO Price Quantity **Extended Amt Due Date**

Email:

FY23 Purchase / Requisition # 223445

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 15 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

QUOTE #: 3679580, attached

Agency Delivery Contact: Lori Dye @ 806-783-6474

Lori.Dye@dshs.texas.gov

Purchaser Information: Linda Rodriguez @ 512-406-2533 Linda.Rodriguez3@hhs.texas.gov

Vendor Information: **ABATIX** Aaron Tamez @ 214-381-1146 aaron.tamez@abatix.com

Purchasing Method: SP/E

Requirements/Limitations:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

INCLUDE P.O. NUMBER ON INVOICES, PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

200-19 1-1 2.00 CS 348.40000 \$696.80 04/27/2023

> Schedule Total \$696.80 Item Total for Line 1 _ \$696.80

invoices@dshs.texas.gov

Item # IESW2502-M - ViroGuard 2 Coverall, Elas W/A, Wht MD

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specifications, terms	ormal bid, Invitation for Offer, or I	dvertisement and vendor's	Date 04/06/23	Revision	Page 2
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					
Vendor: 17	51908110.7		Rill To:	Invoice-DSHS Fiscal Cla	aims

Vendor: 1751908110 7

ABATIX CORP

 $2400~\rm SKYLINE~DR~STE~400\\ MESQUITE~TX~751491990$

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

Rodriguez,Linda 512/406-2533 Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Extended Amt Due Date Quantity 2-1 200-19 1.00 CS 348.40000 \$348.40 04/27/2023 Item # IESW2502-L - ViroGaurd 2 Coverall, Elas W/A, Wht LG Schedule Total \$348.40 \$348.40 Item Total for Line 2 3-1 200-19 2.00 CS 348.40000 \$696.80 04/27/2023 Item # IESW2502-XL - ViroGuard 2 Coverall, Elas W/A, Wht MD Schedule Total \$696.80 Item Total for Line 3 \$696.80 4-1 200-19 2.00 CS 355.60000 \$711.20 04/27/2023 Item # IESW2502-2XL - ViroGuard 2 Coverall, Elas W/A, Wht MD Schedule Total \$711.20 Item Total for Line 4 \$711.20 1.00 LOT 50.00000 5-1 962-86 \$50.00 04/27/2023 Shipping and Handling Schedule Total \$50.00 Item Total for Line 5 Total PO Amount

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Vendor:	1751908110 7 ABATIX CORP 2400 SKYLINE DR STE 400 MESQUITE TX 751491990 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: Email:	512/458-7442 invoices@dshs.texa	as.gov
				Purchaser:	Rodriguez,Linda	512/406-2533
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	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.

Payment Terms

Freight Terms

Authorized By finderRodriguez, CTCD, CTCM

04/06/2023