

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000314569
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.			Date 04/13/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			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: 1330804655 9
ILLUMINA INC
12864 COLLECTION CENTER DR
CHICAGO IL 606930128
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: Wilson,Paige

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 14 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:
Rebecca Dene Thompson
(512) 776-2457
Dene.Thompson@dshs.texas.gov

Ship to Attn:
JOHN LEAVITT
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (DBGL)
PO Box 149347
Austin, TX 78756

HHSC BUYER:
Paige Wilson, CTCD
Paige.wilson@hhs.texas.gov

VENDOR:
Illumina, Inc
1.800.809.ILMN (4566)
customercare@illumina.com

Quote: 4504089

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition #0000224389

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1-1	ILLUMINA CATALOG FLEX LYSIS REAGENT KIT Item #20018706	193-36	2.00	KIT	329.00000	\$658.00	04/27/2023
Schedule Total						\$658.00	
Item Total for Line 1						\$658.00	
2-1	ILLUMINA CATALOG ILLUMINA PURIFICATION BEAD, 100ML Item ## 20060057	193-36	2.00	EA	1242.00000	\$2,484.00	04/27/2023
Schedule Total						\$2,484.00	
Item Total for Line 2						\$2,484.00	
3-1	EST SHIPPING/HANDLING/FREIGHT CHARGES	962-86	1.00	LOT	188.52000	\$188.52	04/27/2023
Schedule Total						\$188.52	
Item Total for Line 3						\$188.52	
Total PO Amount						\$3,330.52	

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.

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Authorized By

Paige Wilson, CTCD

04/13/2023