

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000315467
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 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston Richmond TX 77469 United States
			Page 1

Vendor: 1760388994 4
ADVENT MEDICAL INCORPORATED
DBA ADVENT RESOURCE MANAGEMENT
133 RIO AZUL
SEGUIN TX 781550199
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Wright, Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
OM/Q - Phone bid - Texas Government Code 2156.063.

Requisition 226488 - Solicitation 226488 PO Service Dates 09/01/2023 to 08-31-2024 Goods and/or services are to be delivered and invoiced after September 1, 2023

Attached Terms and Conditions apply to this Purchase Order.

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.

Vendor contact

VENDOR NAME: ADVENT MEDICAL INCORPORATED
VENDOR TIN: 1760388994 4
VENDOR CONTACT: JENNIFER LYONS
VENDOR PHONE: 713-332-2895
VENDOR EMAIL: JENNIFER @ ADVENTAED.COM

LEAD AGENCY CONTACT NAME: DELORES STOKER
LEAD AGENCY CONTACT PHONE: 281-344-4403
LEAD AGENCY CONTACT EMAIL: DELORES.STOKER@HHS.TEXAS.GOV

CONTRACT MANAGER NAME: ANA KRUSE
CONTRACT MANAGER PHONE: 281.344.4648
CONTRACT MANAGER EMAIL: ANA.KRUSE@HHS.TEXAS.GOV

PCS contact

Byron Wright CTCD
512-406-2512
Byron.Wright@hhs.texas.gov

1-1	FY24 Services CH9 RSSLC Rental of 35 AEDs at RSSLC;\$47.1225/monthly x 35	979-45	1.00	LOT	19791.45000	\$19,791.45	09/01/2023
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Purchaser: Wright, Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	x 12 months						
					Schedule Total	\$19,791.45	
					Item Total for Line 1	\$19,791.45	
2-1	FY24 Services CH9 RSSLC - Annual Inspection of 35 AEDs at RSSLC; \$138.30 x 35	979-45	1.00	LOT	4840.50000	\$4,840.50	09/01/2023
					Schedule Total	\$4,840.50	
					Item Total for Line 2	\$4,840.50	
					Total PO Amount	\$24,631.95	

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

Byron Wright, CTCO

04/25/2023