## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000315576 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 04/26/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1947 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Rm L-655 Austin TX 78756 United States 1823402664 1 Bill To: Invoice-DSHS Fiscal Claims Vendor: O&M HALYARD INC DEPARTMENT OF STATE HEALTH SERVICES PO BOX 734521 1100 W 49th St (RBB) DALLAS TX 75373-4521 PO Box 149347 Austin TX 78756 United States United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: Meads,Courtney 512/406-2478 Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item UOM **PO Price Extended Amt Due Date** Quantity

#### BLANKET PURCHASE ORDER

TERM: Date of Award 5-8-23 through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact. FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 3-5 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 # Req 3-0000221156-2

AGENCY CONTACT:

Libby Banda 512-776-2228 LibradaJ.Banda@dshs.texas.gov

HHSC BUYER: Courtney Meads CTCD, CTCM 512-406-2478 courtney.meads@hhs.texas.gov

VENDOR: Brian Baird | Pricing Analyst, Global Product Pricing Contract Management Owens Minor | Products Healthcare Services 1 Edison Drive, Alpharetta, GA 30005 Office: (470) 567-4972 brian.baird@hyh.com

PREMIER GPO and DSHS Contract # HHS000722100001

PREMIER GPO and OM Halyard Contract # PP-NS-1227 30126355.

## **Department of State Health Services**

#### **Purchase Order**

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Ship Via **Payment Terms** Freight Terms HHSTX-3-0000315576 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 04/26/23 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1947 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Rm L-655 Austin TX 78756 United States 1823402664 1 Invoice-DSHS Fiscal Claims Vendor: Bill To: O&M HALYARD INC DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO BOX 734521 DALLAS TX 75373-4521 PO Box 149347 United States Austin TX 78756 United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: Meads.Courtney 512/406-2478 Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item UOM **PO Price Extended Amt Due Date** Quantity 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 **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 221156 1-1 490-43 125.00 CS 127.79000 \$15,973.75 04/26/2023 Kimberly Clark# 55081. Gloves, disposable, non-sterile, 100% nitrile, purple colored, Small, 10 bx/cs. Qty: 125 с Schedule Total \$15,973.75 Item Total for Line 1 \$15,973.75 490-43 125.00 CS 127.79000 \$15,973.75 04/26/2023 2 - 1Kimberly Clark# 55082. Gloves, disposable, non-sterile, 100% nitrile, purple colored, Medium, 10 bx/cs. Qty: 125 cs **Schedule Total** \$15,973.75 \$15,973.75 Item Total for Line 2 490-43 40.00 CS 127.79000 3-1 \$5,111.60 04/26/2023 Kimberly Clark# 55083. Gloves, disposable, non-sterile, 100% nitrile, purple colored, Large, 10 bx/cs. Qty: 40

# **Department of State Health Services**

## **Purchase Order**

					Dispa	tch via Print
Payment Ter Net 30	ms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	r	HHSTX-3-00	000315576
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> 04/26/23	Revision		<b>Page</b> 3
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:	1947 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Rm L-655 Austin TX 78756 United States		
Vendor:	1823402664 1 O&M HALYARD INC PO BOX 734521 DALLAS TX 75373-4521 <b>United States</b>		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.texas.gov		
			Purchaser:	Meads,Courtney	51	2/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ty UOM	PO Price	Extended Amt	Due Date
			Sch	edule Total	\$5,111.60	
			Item Total	Item Total for Line 3 \$5,111.60		
			Total I	PO Amount	\$37,059.10	

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		
Cantry Meach	CTCD, CTCM	05/08/2023