

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000316186</b>  |
| 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. |   |                             | <b>Date</b><br>05/03/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1  |
|  |   | <b>Ship To:</b>             | 6563 - Abilene:2501 Maple St<br>HEALTH & HUMAN SERVICES COMMISSION<br>2501 Maple St<br>2501 Maple St<br>Abilene TX 79602<br>United States |

**Vendor:** 1240836974 7  
INTERMETRO INDUSTRIES CORPORATION  
PO BOX 857124  
MINNEAPOLIS MN 554857124  
United States

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
2501 Maple St  
PO Box 451  
Abilene TX 79602  
United States

**Fax:** 325/795-3807  
**Email:** 710Accounting@hhsc.state.tx.us

**Purchaser:** Chamorro,Gustavo A

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

Ship to Attn: JEFF GOZA

See above for Shipping and Invoice addresses

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

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

DELIVERY: 60 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:  
SME/LEAD Agency Contact: JEFF GOZA, phone #: 325-795-3225 email: jeff.goza@hhs.texas.gov  
Contract Manager: Heather Barlow phone#: 325-795-3444 email: heather.barlow@hhs.texas.gov

HHSC BUYER:  
Gustavo Chamorro, CTCD, 512-406-2630  
Email: Gustavo.Chamorro@hhs.texas.gov

VENDOR CONTACT:  
Courtney Zorn | Territory Manager, Healthcare PH # 214-973-6344 ; Customer Service 800-638-9263  
Email: courtney.zorn@metro.com ; HC.Orders@Metro.com

QUOTE # Q-0267212-REV3

PURCHASING METHOD: EX/0  
LEGAL CITE 2155.1441: CLIENT PURCHASE

PREMIER GPO and HHSC Contract # HHS000776400001  
PREMIER GPO and InterMetro Industries Corp Contract # PP-FA-880  
Term 07-01-2021 to 06-30-2024

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 0000232844

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|  |   |                             | <b>Ship To:</b><br>6563 - Abilene:2501 Maple St<br>HEALTH & HUMAN SERVICES COMMISSION<br>2501 Maple St<br>2501 Maple St<br>Abilene TX 79602<br>United States |

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**Email:** 710Accounting@hhsc.state.tx.us

**Purchaser:** Chamorro, Gustavo A

| Line-Sch                     | Inventory Item ID - Line Description   | Class/Item | Quantity | UOM | PO Price   | Extended Amt | Due Date   |
|------------------------------|--|------------|----------|-----|------------|--------------|------------|
| 1-1                          | P/N C-255133<br>MED CART:LIONVILLE MED CART:<br>TSSLC-400 SERIES NO POWER<br>Net price \$6,664.97 + surcharge<br>\$4,198.93 + Freight \$1,482 =<br>\$7,476.5314 Average price per unit | 410-12     | 7.00     | EA  | 7476.53140 | \$52,335.72  | 07/03/2023 |
| <b>Schedule Total</b>        |  |            |          |     |            | \$52,335.72  |            |
| <b>Item Total for Line 1</b> |  |            |          |     |            | \$52,335.72  |            |
| <b>Total PO Amount</b>       |  |            |          |     |            | \$52,335.72  |            |

LIONVILLE MED CART: TSSLC-400 SERIES NO POWER  
Ref#: 405-H-0423-Sta-12987909035-0

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.

|                          |                   |
|--------------------------|-------------------|
| <b>Authorized By</b><br> | <b>05/05/2023</b> |
|--------------------------|-------------------|