## **Department of State Health Services**

#### **Purchase Order**

					Dispatch via Print	
Payment Tern Net 30	ns Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order			
specifications,	y informal bid, Invitation for Offer, or Requ terms, and conditions set forth in the adver	tisement and vendor's	<b>Date</b> 05/08/23	Revision		
guarantees goo requirements. All shipments,	sponses become a part of this numbered purds or services delivered meet or exceed numbers, shipping papers, invoices, and corresponse Order Number.	mbered purchase order	Ship To:	9945 - Austin:9011 Tuscany Way HEALTH & HUMAN SERVICES COMMISSION 9011 Tuscany Way Suite 200 Austin TX 78754 United States Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 ATLANTA GA 303844705 <b>United States</b>		Bill To:			
			Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov	
			Purchaser:	Fuentes,Michael	512/491-2879	
Line-Sch l	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

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

DELIVERY: 3-5 Days After Receipt of PO

Vendor will ship back the Data Loggers after Calibration to Print Mail Pro (where Inventory and storage of Data Loggers are stored for Immunization Program)

Please include these notes on the PO Document for clear communication with PCS, Vendor and DSHS Requestor.

1. Drop Ship Items: Items to be drop shipped to our distribution center with Print Mail Pro.

2. Please Do NOT ship items to HHSC Warehouse.

3. Manager Contact information: crystal.mena@dshs.texas.gov

4. Please note to vendor to send invoices to this email address: Invoices@dshs.state.tx.us

5. Invoice approval to pay send to Cheryl.rainosek@dshs.texas.gov 5. \*\*IMPORTANT\*\* refer to attached

6. quote for product specification requirements for buyer and vendor.

7. Federal Funding Expires on 06/30/2023

8. Requesting to bypass delegation to prevent undue additional cost to state.

9. Due to the Age Expansion of COVID-19; Additional Data Loggers are needed to be sent to Vaccine for Children Providers.

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

QUOTE # 3045-6112-70

AGENCY CONTACT: Sarah Avila 512-776-6281 sarah.avila@dshs.texas.gov

Ship to Attn: Sarah Avila Building: Laboratory L114

HHSC BUYER: Michael Fuentes, CTCD 512-406-2433 Michael.Fuentes@hhs.texas.gov

VENDOR: MATT SULLIVAN 800-640-0640 matt.sullivan@thermofisher.com richard.carby@thermofisher.com

# Department of State Health Services

# **Purchase Order**

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guarantees requiremen	g responses become a part of this numbered p goods or services delivered meet or exceed n tts. ents, shipping papers, invoices, and corresp	umbered purchase order		р То:	HEALTH & HUM 9011 Tuscany Way		
	nts, shipping papers, invoices, and corresp urchase Order Number.	onuence must de identifi	eu		Suite 200 Austin TX 78754 United States Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States 512/458-7442 invoices@dshs.texas.gov		
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				Fax: Email:			
				rchaser:	Fuentes,Michael		12/491-2879
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant	ity UOM		PO Price	Extended Amt	Due Date
PREMIER	GPO and DSHS Contract # HHS000722	2100001 TERM 01/06/20	20 through	08/31/2025.			
PREMIER	GPO and Fisher Scientific Contract # PI	P-LA-508 TERM 01/01/2	019 throug	h 12/31/2024			
	SING METHOD: EX/0 made under the Authority of Texas Gove	rnment Code 2155.144	for Health	Care Purchasi	ng including group	purchasing prog	rams.
Purchase		rnment Code 2155.144	for Health	Care Purchasi	ng including group	purchasing prog	rams.
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Purchase Solicited to REQUIRE This PO is Invoice pe Requisitio	made under the Authority of Texas Gove o vendors as required. MENTS/LIMITATIONS: s contingent upon the continued availabili or 34 TAC §20.487, amended effective Ma n# 225229	ty of lawful appropriation ay 1, 2022 370-65 1000	s by the Te	exas Legislature Schee	e. FY2023 funding. 33.44000 dule Total	\$33,440.00 \$33,440.00	
Purchase Solicited to REQUIRE This PO is Invoice pe Requisitio	made under the Authority of Texas Gove o vendors as required. MENTS/LIMITATIONS: contingent upon the continued availabili or 34 TAC §20.487, amended effective Ma n# 225229 CAL. DATALOGGERS ISO17025	ty of lawful appropriation ay 1, 2022 370-65 1000	s by the Te	exas Legislature Schee Item Total f	<ul> <li>a. FY2023 funding.</li> <li>33.44000</li> <li>dule Total</li> <li>for Line 1</li> </ul>	\$33,440.00 \$33,440.00 \$33,440.00 \$1,828.00	05/08/2023
Purchase Solicited to REQUIRE This PO is Invoice pe Requisitio	made under the Authority of Texas Gove o vendors as required. MENTS/LIMITATIONS: contingent upon the continued availabili or 34 TAC §20.487, amended effective Ma n# 225229 CAL. DATALOGGERS ISO17025	ty of lawful appropriation ay 1, 2022 370-65 1000	s by the Te	exas Legislature Schee Item Total f Schee	<ul> <li>a. FY2023 funding.</li> <li>33.44000</li> <li>dule Total</li> <li>for Line 1</li> <li>36.56000</li> </ul>	\$33,440.00 \$33,440.00 \$33,440.00 \$1,828.00 \$1,828.00	05/08/2023
Purchase Solicited to REQUIRE This PO is Invoice pe Requisitio I-1	made under the Authority of Texas Gove o vendors as required. MENTS/LIMITATIONS: contingent upon the continued availabili or 34 TAC §20.487, amended effective Ma n# 225229 CAL. DATALOGGERS ISO17025	ty of lawful appropriation ay 1, 2022 370-65 1000	s by the Te 00 EA 00 EA	exas Legislature Schee Item Total f Schee	<ul> <li>a. FY2023 funding.</li> <li>33.44000</li> <li>dule Total</li> <li>36.56000</li> <li>dule Total</li> </ul>	\$33,440.00 \$33,440.00 \$33,440.00 \$1,828.00 \$1,828.00	05/08/2023
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## **Department of State Health Services**

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	IHSTX-3-0		rchase Order		BEST	Prepaid & Allow	Net 30
Page 3		Revision	<b>te</b> /08/23	lor's	tisement and ver	nal bid, Invitation for Offer, or Rea and conditions set forth in the advo	specifications, terms,
OMMISSION	9945 - Austin:9011 Tuscany Way HEALTH & HUMAN SERVICES COMMISSION 9011 Tuscany Way Suite 200 Austin TX 78754 United States Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		ip To:	order	nbered purchase	become a part of this numbered p ervices delivered meet or exceed n ing papers, invoices, and corresp rder Number.	guarantees goods or s requirements.
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12/491-2879	5	Fuentes,Michael	rchaser:				
Due Date	Extended Amt	PO Price		Quantity	Class/Item	ory Item ID - Line Description	Line-Sch Invent
05/08/2023	\$1,050.00	175.00000		6.00	370-65	NG & HANDLING	
05/08/2023	. ,	175.00000 dule Total		6.00	370-65	NG & HANDLING	
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	\$1,050.00 \$1,050.00 \$133,760.00 \$133,760.00	dule Total for Line 4 33.44000	Schee Item Total f Schee				SHIPP 5-1

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 happent, CTCD

05/08/2023