#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000317098 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 05/11/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 2201 - Lufkin: 1210 S Chestnut St guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1210 S Chestnut St All shipments, shipping papers, invoices, and correspondence must be identified Lufkin TX 75901 with our Purchase Order Number. United States Vendor: 1232942737 6 Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 4601 W Guadalupe St ATLANTA GA 303844705 Austin TX 78751 **United States** United States Fax: 512/424-6901 HHSC\_AP@hhsc.state.tx.us Email: 512/406-2478 Meads,Courtney **Purchaser:** Line-Sch UOM PO Price **Inventory Item ID - Line Description** Class/Item Quantity Extended Amt **Due Date** 

#### **REGION 4 - LUFKIN**

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed DELIVERY: 14 Days After Receipt of PO Days for Delivery: Monday to Friday 9 a.m. - 4 p.m.

QUOTE # 3122-7732-51 3124-7776-44

AGENCY CONTACT: Joseph Perez Joseph.Perez@hhs.texas.gov (936)635-0154 1210 Chestnut St. Mail Code 2201 Lufkin, TX 75901-4850

Janelle Holder Janelle.Holder@hhs.texas.gov (682) 802-1672

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

VENDOR:

Matt Sullivan Account Executive Fisher Healthcare Thermo Fisher Scientific Phone (713) 806-5231 | Customer Service 1-800-640-0640 Matt.sullivan@thermofisher.com

PREMIER GPO and HHS Contract # HHS000776400001 PREMIER GPO and Fisher Contract # PP-LA-508

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 \$1,000,000,.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 232256

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	HHSTX-3-0		urchase Order		WAY	Ship V BEST	Prepaid & Allow	Payment Terms Net 30
Pag		Revision	<b>ate</b> 5/11/23		ndor's	tised by informal bid, Invitation for Offer, or Request for Proposal; all ations, terms, and conditions set forth in the advertisement and vendor's		specifications, ter
OMMISSION	75901		hip To:		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.			
HSC Accounting I & HUMAN SERVICES COMMISSION Guadalupe St X 78751			Bill To: Invoice-H HEALTH 4601 W C Austin TX		1232942737 6 FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 ATLANTA GA 303844705 <b>United States</b>		H H A	
	001 @hhsc.state.tx.us	512/424-690 HHSC_AP@	Fax: Email:					
12/406-2478	ourtney 5	Meads,Cou	urchaser:					
Due Date	Extended Amt	PO Price	М	U	Quantity	Class/Item	ventory Item ID - Line Description	Line-Sch Inv
06/06/2023	\$752.25	250.75000		PC	3.00	345-74	ART # BNX195000 BINAXNOW OV AG CARD KT40TPKTS	
	\$752.25	Schedule Total	Sche					
	\$752.25	Total for Line 1	Item Total					
06/06/2023	\$2,020.00	20.00000		PC	101.00	345-74	ART # 18568 GOWN PE BLUE ISPOS LG 15/PK	
	\$2,020.00	Schedule Total	Sche					
	\$2,020.00	Total for Line 2	Item Total					
06/06/2023	\$4,698.84	391.57000		PC	12.00	345-74	256041 VRITOR FLU AB CLIAMOD )/PK RX	
_	\$4,698.84	Schedule Total	Sche					
_	\$4,698.84	Fotal for Line 3 _	Item Total i			etectable	# 256041 ng sold as 30 each per pack	B Test Kit, Clia C Analytes: Influenz With: Detection o Vendor Catalog # Shelf Life 3Y
06/06/2023	\$1,108.03	100.73000		PC	11.00	345-74	256040 STRP A TST F/VERITOR )T/PK RX	
	\$1,108.03	Schedule Total	Sche					

## Purchase Order

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	Prepaid & Allow by informal bid, Invitation for Offer, or Rea		WAY al; all	Date	hase Order Revisio	hHSTX-3-0	000317098 Page	
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					HEALT 1210 S (	Chestnut St YX 75901	rkin:1210 S Chestnut St & HUMAN SERVICES COMMISSION estnut St 75901	
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 ATLANTA GA 303844705 <b>United States</b>			Bill To: Invoice-HF HEALTH d		HSC Accounting & HUMAN SERVICES COMMISSION uadalupe St 78751		
					<b>Cax:</b> 512/424 Cmail: HHSC_2	-6901 AP@hhsc.state.tx.us		
							12/406-2478	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Pric	e Extended Amt	Due Date	
5-1	PART # B256038 VERITOR RSV WAIVED 30TST/PK RX	345-74	2.00	РСК	383.2000	) \$766.40	06/06/2023	
					Schedule Tota	\$766.40		
					Item Total for Line	\$766.40		
6-1	PART # B256066 VERITOR PLUS ANALYZER RX	345-74	3.00	PCK	348.3900	\$1,045.17	06/06/2023	
					Schedule Tota	<b>I</b> \$1,045.17	_	
					Item Total for Line	\$1,045.17		
7-1	FREIGHT FEE	963-39	1.00	EA	600.0000	\$600.00	06/06/2023	
					Schedule Tota	\$600.00		
					Item Total for Line '	\$600.00		
8-1	PART # 23043151 SARSANTGN FIA NAS SW 25T/PK RX	345-74	50.00	PCK	464.0000	\$23,200.00	06/06/2023	
					Schedule Tota	\$23,200.00	_	
					Item Total for Line	\$23,200.00		
9-1	PART # 23043086 SOFIA 2 ANALYZER RX	345-74	1.00	EA	1731.4300	\$1,731.43	06/06/2023	
					Schedule Tota	\$1,731.43		
						\$1,731.43		
					Total PO Amoun	t \$35,922.12	1	

#### **Purchase Order**

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HF	ISTX-3-0000317098
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			Date 05/11/23	Revision	Page 4
guarantees g requirements All shipmen	responses become a part of this numbered pu oods or services delivered meet or exceed nu s. ts, shipping papers, invoices, and correspo rchase Order Number.	mbered purchase order	Ship To:	2201 - Lufkin:1210 S HEALTH & HUMAN 1210 S Chestnut St Lufkin TX 75901 United States	Chestnut St SERVICES COMMISSION
Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 ATLANTA GA 303844705 <b>United States</b>		Bill To:	Invoice-HHSC Accoun HEALTH & HUMAN 4601 W Guadalupe St Austin TX 78751 United States	SERVICES COMMISSION
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state	e.tx.us
			Purchaser:	Meads,Courtney	512/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price I	Extended Amt Due Date

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.

Author	ized By		
Cautny	Meach	CTCD, CTCM	05/12/2023

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