

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-3-0000317243 |
| 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 05/15/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision 6065 - Pollok:6844 N US Hwy 69 HEALTH & HUMAN SERVICES COMMISSION 6844 N US Hwy 69 PO Drawer 1648 Pollok TX 75969 United States |
| | | | Page 1 |

Vendor: 1362999230 9
ARJOHUNTLEIGH INC
PO BOX 640799
PITTSBURGH PA 152640799
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
424 Mesquite Dr
PO Box 1132
Mexia TX 76667
United States

Fax: 254/562-1894
Email: 718Accounting@hhs.texas.gov

Purchaser: Farris,Lilly K 512/406-2452

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

FY23

AP Email Address: 718accounting@hhs.texas.gov

PURCHASING METHOD: EX-0 (Exempt-GPO)

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition #HHSTX-3-0000230704

DELIVERY: 30 days After Receipt of PO

QUOTE#: Q-119663

AGENCY DELIVERY CONTACT FOR DELIVERY:

Name: Kevin Ward
Facility: Lufkin State Supported Living Center
Phone: 936-853-8279
Email: kevin.ward@hhs.texas.gov

HHSC PURCHASER/BUYER:

Name: Lilly Farris CTCD
Phone: 512-406-2452
Email: lilly.farris@hhs.texas.gov

VENDOR:

Name: Arjo Inc
Contact: Kyle Pinnington
Phone: 561-815-3849
Email: kyle.j.pinnington@arjo.com

PREMIER GPO and HHS Contract # HHS000776400001

PREMIER GPO and Arjo Inc Contract # PP-NS-1494

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

Quote #Q-119663 attached from Arjo
GPO Contract #PP-NS-1494 attached

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AF24104US00 Freedom Bath Lift
Accessible, AirSpa, White Door, White
Panels, Product# AF24104US00, to
include Product# AFA0045, #AFA0051-
041, #AFA0110, #LUS-SERVICE-A-C
and #ZSPEASECHYBS

Schedule Total \$29,201.86

Freedom Bath Lift - \$9,861.27 x 2 = \$19,722.54
Drain Kit with Rigid Pipe - \$223.62 x 2 = \$447.24
White Back Panel to Cover Back of Tub - \$215.10 x 2 = \$430.20
Installation - \$151.54 x 2 = \$303.08
Assembly Connection - \$585.00 x 2 = \$1,170.00
Performance Assurance Bath Systems - 4 years Annual Preventive Maintenance, including first year warranty PM. - \$3,564.40 x 2 = \$7,128.80
TOTAL - \$29,201.86

Item Total for Line 1 \$29,201.86

Total PO Amount \$29,201.86

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

Lilly Farris, CTCD

05/17/2023

