

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000317329
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 1919 - Austin:1100 W 49th St (RDM) HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St (RDM) Austin TX 78756 United States
			Page 1

Vendor: 1752295140 3
THREE RIVERS AMBULANCE SERVICE INC
PO BOX 443
CROWELL TX 792270443
United States

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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Naiser, Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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*****Please note, this is an emergency request and a PCS-01 form is attached to this requisition. Please process as soon as possible. *****
 FY23 funding
 SP/E
 Requisition 0000235445
 PO Service Dates 05/09/2023
 Services needed: Purchase of supplies or equipment for entity(ies) to avoid the disruption of trauma services in the respective regional EMS/Trauma

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor
 Three Rivers Ambulance Service, Inc.
 Vendor TIN (Supplier ID): 1752295140

Requester:
 Contract Manager Name: Ebony White
 512- 776-2225
 ebony.white@dshs.texas.gov

PCS contact
 Tori Naiser
 512-971-8263
 Tori.Naiser@hhs.texas.gov

1-1	FY23 EMS EEF ; Three Rivers Ambulance Service, Inc. TPO ; To provide emergency expedited funds to Funds to assist with the purchase of two (2) Nitrox Field Units. Term is upon execution to 8/31/2023.	948-48	1.00	EA	7180.00000	\$7,180.00	05/15/2023
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Schedule Total \$7,180.00

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CRC
Attachment A-1: Contract Requirements
Quote Proposal EMS/EEF Application
PCS-01

Item Total for Line 1 \$7,180.00

Total PO Amount \$7,180.00

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

Tori Naiser, CTCD

05/15/2023