Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	Н	IHSTX-3-0000319989
specifications, term	ormal bid, Invitation for Offer, or I s, and conditions set forth in the ac	lvertisement and vendor's	Date 06/20/23	Revision 2 - 6/23/2023	Page 1
guarantees goods or requirements.	ses become a part of this numbered r services delivered meet or exceed opping papers, invoices, and corre Order Number.	numbered purchase order	Ship To:	5070 - Harlingen:14 DEPARTMENT OF 1401 S Rangerville I PO Box 2668 Harlingen TX 78552 United States	STATE HEALTH SERVICES Rd
Vendor: 19	20192942 9		Bill To:	Invoice-DSHS Acco	ounts Payable

GE MEDICAL SYSTEMS ULTRASOUND & PRIMARY

9900 W INNOVATION DR MILWAUKEE WI 532264856

United States

HEALTH & HUMAN SERVICES COMMISSION

6711 S New Braunfels

Ste 100

San Antonio TX 78223

United States

210/531-7883 Fax:

Email: SAHAccounting@dshs.texas.gov

				Purchaser:	Meads,Courtney	512/406-2478
Line-Sch	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: 8 Weeks After Receipt of PO

Delivery hours are from 8:00-12:00PM and 1:00-5:00PM Monday Friday except designated State Holidays

QUOTE # Req 3-0000234344 Quote Number: 2010015129.1 Customer ID: 1-23O659

Email Invoices to SAHAccounting@dshs.texas.gov

AGENCY CONTACT: Monica Oviedo Perales 956 -364-8226

Monica.OviedoPerales@hhs.texas.gov

Attn: Monica Oviedo Perales

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

VENDOR: 1830849145 Stefanie Guerra RT(R) ARRT South Texas Account Manager Surgical Imaging Specialists, Inc. Authorized Distributor for GE OEC Medical Systems, Inc. T: 956-269-1211 Email: stefanie@surgicalimaging.net

VIZIENT GPO and HHS Contract # HHS000949300001

VIZIENT GPO and Supplier Name Contract # BMD XR0692

Purchase Order

Dispatch via Print

Payment Terr	ms Freight Terms	Ship Via			paten via i init
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3	-0000319989
specifications,	by informal bid, Invitation for Offer, or F terms, and conditions set forth in the ad	lvertisement and vendor's	Date 06/20/23	Revision 2 - 6/23/2023	Page 2
guarantees goo requirements. All shipments	sponses become a part of this numbered ods or services delivered meet or exceed s, shipping papers, invoices, and correctase Order Number.	numbered purchase order	Ship To:	5070 - Harlingen:1401 S Rangerv DEPARTMENT OF STATE HEA 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States	
Vendor:	1920192942 9 GE MEDICAL SYSTEMS ULTRAS 9900 W INNOVATION DR MILWAUKEE WI 532264856 United States	SOUND & PRIMARY	Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	S COMMISSION
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	

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

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 \$50,000.00 unless solicited

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 234344

1-1	Item # H8930CA - Prodigy P11 Full Size MTY	220-13	1.00	EA	29400.00000	\$29,400.00	08/29/2023
					Schedule Total	\$29,400.00	
					Item Total for Line 1	\$29,400.00	
2-1	Item # H8920AX - Global PC W10 - Lenovo W10 2021	220-13	1.00	EA	955.50000	\$955.50	08/22/2023
					Schedule Total	\$955.50	
					Item Total for Line 2	\$955.50	
3-1	Item # H8619PL - PWRCORD,PROD- NT,NEMA5-15	220-13	1.00	EA	245.00000	\$245.00	08/22/2023
					Schedule Total	\$245.00	
					Item Total for Line 3	\$245.00	
4-1	Item # H8940AZ - enCORE v18SP5 W10	220-13	1.00	EA	4704.00000	\$4,704.00	08/22/2023

Purchase Order

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Payment Terms	Freight Terms	Ship Via		ппет/	(-3-0000319989
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	ппот	1-3-0000313303
If advertised by info	rmal bid, Invitation for Offer, or	Request for Proposal; all	Date	Revision	Page
1 '	, and conditions set forth in the a		06/20/23	2 - 6/23/2023	3
guarantees goods or requirements.	es become a part of this numbered services delivered meet or excee ping papers, invoices, and corr Order Number.	d numbered purchase order	Ship To:	5070 - Harlingen:1401 S Ran DEPARTMENT OF STATE 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States	C
3 7. 1	00102042.0		D'II T	I	1.1.

1920192942 9 Vendor:

GE MEDICAL SYSTEMS ULTRASOUND & PRIMARY

9900 W INNOVATION DR MILWAUKEE WI 532264856

United States

Bill To:

Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION

6711 S New Braunfels

Ste 100

San Antonio TX 78223

United States

Fax: 210/531-7883

SAHAccounting@dshs.texas.gov Email:

				Purcha	aser: Meads,Courtney	5	12/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$4,704.00	
					Item Total for Line 4	\$4,704.00	
5-1	Item # H8991PF - Pro Level Software	208-80	1.00	EA	17150.00000	\$17,150.00	08/22/2023
					Schedule Total	\$17,150.00	
					Item Total for Line 5	\$17,150.00	
6-1	Item # H8910MA - 24" Monitor Prodigy/iDXA	055-68	1.00	EA	441.00000	\$441.00	08/22/2023
					Schedule Total	\$441.00	
					Item Total for Line 6	\$441.00	
7-1	Item # E4502LB - 1.5KVA UPS FOR LUNAR IDXA	055-68	1.00	EA	720.00000	\$720.00	08/22/2023
					Schedule Total	\$720.00	
					Item Total for Line 7	\$720.00	
8-1	Item # E4502LC - CABLE KIT FOR E4502LB LUN	280-29	1.00	EA	48.00000	\$48.00	08/22/2023
					Schedule Total	\$48.00	
					Item Total for Line 8	\$48.00	
9-1	Item # W7004LN - APPSTRAIN,USA,1DAY	207-32	1.00	EA	1595.00000	\$1,595.00	08/22/2023
	, ,				Schedule Total	\$1,595.00	

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Revision Page 2 - 6/23/2023 2 5070 - Harlingen: 1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States Invoice-DSHS Accounts Payable
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HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States
210/531-7883 SAHAccounting@dshs.texas.gov
: Meads,Courtney 512/406-2478
PO Price 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.

Authorized By
Caushy Meach CTCD, CTCM

06/30/2023

\$55,258.50

Total PO Amount