

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-4-0000320025
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 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 6/20/2023
			Page 1
			Ship To: 4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

Vendor: 1952295473 4
MXR IMAGING INC
4909 MURPHY CANYON RD STE 120
SAN DIEGO CA 921234300
United States

Bill To: Texas Center for Infectious Di
DEPARTMENT OF STATE HEALTH SERVICES
2303 SE Military Dr
San Antonio TX 78223
United States

Purchaser: Perez,Aurora Dianne

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 1-30 Days After Receipt of PO

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

AGENCY CONTACT:
Laura Longoria
210-393-4039
Laura.longoria@dshs.texas.gov

Ship to Attn: Rasale Sakata

HHSC BUYER:
Dianne Perez, CTCD
512-406-2493
Dianne.perez@hhs.texas.gov

VENDOR:
MXR Imaging Inc
210-887-3031
David.lyva@mxrimaging.com

QUOTE 20087481

PURCHASING METHOD: SP/E
Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Goods and/or services are to be delivered and invoiced after September 1, 2023.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition #221729

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Purchaser: Perez, Aurora Dianne

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1-1	Item# 102752 Mammo Skin Marker	898-80	2.00	BOX	121.60000	\$243.20	09/01/2023
Schedule Total						\$243.20	
Item Total for Line 1						\$243.20	
Total PO Amount						\$243.20	

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

Dianne Perez, CTCO

06/20/2023