

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-4-0000320331
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 Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1741586674 2
PATHOLOGY ASSOCIATES OF CORPUS CHRISTI L
PO BOX 3758
CORPUS CHRISTI TX 784633758
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.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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FY24 funding
EX/0 Legal Cite TGC 2155.144
Requisition 0000233412
PO Service Dates 09/01/2023 to 08/31/2024
Services: PATHOLGY SERVICES AS NEEDED FOR CCSSLC RESIDENTS

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

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 08-31-2024 are automatically canceled.

Vendor contact:
PATHOLOGY ASSOCIATES OF CORPUS CHRISTI
Vendor ID: 1741586674
Vendor Contact: KATHY FLAHERTY
Vendor Phone: 361-992-4040
Vendor Email: kflaherty@histopathcc.com

Program:
GABRIELLE FINZEL
gabrielle.finzel@hhs.texas.gov
361-888-5301
Contract Manager Name: CHRISTINE CRUZ
christine.cruz@hhs.texas.gov
361-888-5301 ext 7507

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

1-1	FY24 SERVICES PATHOLOGY CH3 CCSSLC RESIDENTS	948-74	1.00	LOT	5000.00000	\$5,000.00	09/01/2023
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Schedule Total \$5,000.00

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Item Total for Line 1 _____ \$5,000.00

Total PO Amount \$5,000.00

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 <i>Tori Naiser, CTCD</i>	06/23/2023
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