Department of State Health Services

Purchase Order

Dispatch via Print

Extended Amt

Due Date

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000321225
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/23	Revision Page
			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States
Vendor:	Vendor: 1410417775 4 3M COMPANY 3M CENTER BLDG 223-3S-33 USA SAINT PAUL MN 55144-1000 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: Email:	512/458-7442 invoices@dshs.texas.gov
			Purchaser:	Chamorro,Gustavo A

BLANKET PURCHASE ORDER

TERM: September 1, 2023 through August 31, 2024

Inventory Item ID - Line Description

SHIPPING INSTRUCTIONS: ** Blanket PO. Do NOT ship entire order upon receipt of PO. Only release certain items upon the request of authorized DSHS Staff*** Goods and/or services are to be delivered and invoiced after September 1, 2023.

Quantity

UOM

PO Price

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

DELIVERY: # 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

Class/Item

AGENCY AND DELIVERY CONTACT:

Lead Contact: Chris Malota Ph: 512-776-7611 Email: Chris.Malota@dshs.texas.gov

Lab inquiries: Amy DeLeon, 512-776-3735; amy.deleon@dshs.texas.gov or LabAccounting@dshs.texas.gov

HHSC BUYER:

Gustavo Chamorro, CTCD, 512-406-2630 Email: Gustavo.Chamorro@hhs.texas.gov

VENDOR:

Line-Sch

Vendor Contact: Brenda Clark P: 517-372-9200 ext. 55073 / Direct 888-578-3846

Email: BClark@neogen.com

Quote # 2023 FSP (6-30-23)

PURCHASING METHOD: SP/E

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO. The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2024, will be considered cancelled.

Invoice per 34 TAC §20.487, This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY24 funding.

Requisition # 0000219010

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory Bldg L114 FLOOR: 4th ROOM: L420

CONTACT: Chris Malota Ph: 512-776-7611 Email: Chris.Malota@dshs.texas.gov

INTERNAL ONLY: ATTN: DSHS CLAIMS: Send approval request only to LabAccounting@dshs.texas.gov

Department of State Health Services

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Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-4-0000321225
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Vendor: 141	10417775 4		Rill To	Invoice-DSHS Fiscal Claims	2

Vendor: 1410417775 4

3M COMPANY

3M CENTER BLDG 223-3S-33

USA

SAINT PAUL MN 55144-1000

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

Item Total for Line 5

\$215.56

Chamorro, Gustavo A **Purchaser: Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date Line-Sch 175-53 3.00 CS 555.53000 \$1,666.59 09/01/2023 1-1 PART NUMBER: 6406; AEROBIC PLATE COUNT Schedule Total \$1,666.59 Item Total for Line 1 \$1,666.59 2-1 175-53 2.00 CS 620.07000 \$1,240.14 09/01/2023 PART NUMBER: 6416; COLIFORM PLATE COUNT \$1,240.14 Schedule Total Item Total for Line 2 \$1,240.14 175-53 4.00 CS 3-1 589.53000 \$2,358.12 09/01/2023 PART NUMBER: 6415; HIGH SENSITIVITY PLATE COUNT Schedule Total \$2,358.12 Item Total for Line 3 \$2,358.12 2.00 CS 175-53 58.19000 \$116.38 09/01/2023 PART NUMBER: 6486; CASE OF 1 ML STERILE PIPETTOR Schedule Total \$116.38 Item Total for Line 4 \$116.38 5-1 175-53 2.00 CS 107.78000 \$215.56 09/01/2023 PART NUMBER: 6489; CASE OF 5 ML STERILE PIPETTOR Schedule Total \$215.56

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Net 30	Prepaid & Allow	BEST		Purchase Ord	der	HHSTX-4-0000321225
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				Ship To:	DEPARTMEN 1100 W 49th S PO Box 14934	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States
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				Fax: Email:	512/458-7442 invoices@dshs	.texas.gov
				Purchaser:	Chamorro,Gu	stavo A
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date
6-1	ESTIMATED SHIPPING	962-86	1.00	LOT	700.00000	\$700.00 09/01/2023
				S	chedule Total	\$700.00
				Item To	tal for Line 6	\$700.00

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	
Guttation CTCD	07/07/2023

Total PO Amount

\$6,296.79