

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> N/A, Service, Pick up, etc.	<b>Ship Via</b> NONE	<b>Purchase Order</b> <b>HHSTX-4-0000321352</b>
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.			<b>Date</b> 09/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1990 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) Ste 605 Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1741761309 2  
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTE  
UTHSC - SPONSORED PROJECTS  
PO BOX 301418  
DALLAS TX 753031418  
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:** Atchley,Cindy Jean 432/263-9617

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 TGC 771 Interagency  
Requisition 0000222529  
Rate: Medicare Rates  
PO Service Dates: 09/01/2023-08/31/2024 no renewals

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

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 08/31/2024 are automatically canceled.

Client Medical Services as needed:  
Contractor will provide comprehensive outpatient medical services for the diagnosis and treatment of Hansen's Disease and its complications.

Vendor Contact:  
VID 17417613092  
UTHSC

For Agency: Department of State Health Services (DSHS) TB

Agency Contract Manager:  
Lacy Alexander  
Phone: 512-776-2152  
Email: lacy.alexander@dshs.texas.gov

PCS Contact:  
Cindy Atchley, CTCD  
Phone: 432-263-9617  
Email: cindy.atchley@hhs.texas.gov

1-1	FY24 Client Services; Hansens PS; Dr. Mays / UTHSC at Houston; Req 222529	948-74	1.00	LOT	5000.00000	\$5,000.00	08/31/2024
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**Schedule Total**                     \$5,000.00

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SOW Attached

**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.

<b>Authorized By</b> <i>Cindy Atchley, CTED</i>	<b>07/10/2023</b>
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