### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

Payment Ter	ms Freight Terms	Ship '	Via			•
Net 30	Prepaid & Allow		WAY	Purchase Order	HHSTX-	4-0000321443
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				Date 09/01/23	Revision	Page 1
guarantees goo requirements. All shipments	sponses become a part of this numbered ods or services delivered meet or exceed s, shipping papers, invoices, and corres chase Order Number.	numbered purcha	se order	Ship To:	4548 - Harlingen:1401 S Rangervill HEALTH & HUMAN SERVICES COMMISSION 1401 S Rangerville Rd Harlingen TX 78552 United States	
Vendor:	1474503964 5 FRY PHARMACY LLC DBA FRY'S PRESCRIPTION PHAR 311 N SAM HOUSTON BLVD SAN BENITO TX 785864656 <b>United States</b>	МАСҮ		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
				Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gc	W
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Breest, Maria Ana PO Price Extended	Amt Due Date

This purchase order is contingent upon the availability of lawful apparitions by the Texas Legislature and may be cancelled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those actually ordered and received by the agency. Any funds not utilized by 8/31/2024 are automatically cancelled.

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

BLANKET PURCHASE ORDER TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS:

Shipping Instructions: DO NOT SHIP until notified by Agency Contact.

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

\*PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO\*

Agency Contact: Mike Torres mike.torres@hhs.texas.gov 956-364-8244

Contract Manager: Maria G Rodriguez, CTCM maria.rodriguez13@hhs.texas.gov

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

HHSC BUYER: Ana Breest, CTCD, CTCM Direct: (512) 406-2679 ana.breest@hhs.texas.gov

VENDOR INFORMATION VIN #:1474503964 Fry Pharmacy 956-399-2453 Frysdme311@gmail.com

\*\*AMOUNT NOT TO EXCEED \$10,000.00 PER FY24 WITHOUT PRIOR APPROVAL\*\*\*

**TERMS NET 30** 

# Health and Human Services Commission

## **Purchase Order**

Payment Terms	Freight Terms	Ship Via				tch via Prir	
Net 30	Prepaid & Allow	BEST WAY	Purchase Ord		HHSTX-4-0		
specifications, terms	ormal bid, Invitation for Offer, or Request, and conditions set forth in the adverted backbackbackbackbackbackbackbackbackback	tisement and vendor's	<b>Date</b> 09/01/23	Revision		Pa	
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.			Ship To:	HEALTH & HUMAN SERVICES 1401 S Rangerville Rd Harlingen TX 78552			
with our Purchase	Order Number.			United States			
FR DB 311 SA	1474503964 5 FRY PHARMACY LLC DBA FRY'S PRESCRIPTION PHARMACY 311 N SAM HOUSTON BLVD SAN BENITO TX 785864656 <b>United States</b>		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSIO 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		OMMISSION	
			Fax: Email:	210/531-7883 SAHAccountir	210/531-7883 SAHAccounting@dshs.texas.gov		
			Purchaser:	Breest,Maria	Ana		
Line-Sch Inven	tory Item ID - Line Description	Class/Item Quantit	y UOM	PO Price	Extended Amt	Due Date	
The agency shall b cancelled.	ty. HHS or the agency does not co be obligated to pay for only those a C §20.487, amended effective May	mmit to ordering specific actually ordered and rec	quantities of good or	dollar amounts w		chase order.	
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## **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print Payment Terms** Freight Terms Ship Via HHSTX-4-0000321443 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/23 3 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4548 - Harlingen: 1401 S Rangervill guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1401 S Rangerville Rd All shipments, shipping papers, invoices, and correspondence must be identified Harlingen TX 78552 with our Purchase Order Number. United States Vendor: 1474503964 5 Bill To: Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION FRY PHARMACY LLC DBA FRY'S PRESCRIPTION PHARMACY 6711 S New Braunfels 311 N SAM HOUSTON BLVD Ste 100 SAN BENITO TX 785864656 San Antonio TX 78223 **United States** United States Fax: 210/531-7883 SAHAccounting@dshs.texas.gov Email: Breest, Maria Ana **Purchaser:** Line-Sch Class/Item UOM PO Price **Inventory Item ID - Line Description** Quantity Extended Amt **Due Date** FY24 DA720 RGSC, Nutritional Supplements, on an as needed basis, for Rio Grande State Center State Supported Living Center. \$5,000.00 Schedule Total LINE 3 SUPPLEMENT SSLC: DA720 F2710 7316 \$5,000.00 Item Total for Line 3 **Total PO Amount** \$10,000.00

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	
MBrust CTCD, CTCM	<u>07/14/2023</u>