Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via		LUIOTY 4 000004450	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-0000321450	
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page	
	specifications, terms, and conditions set forth in the advertisement and vendor's			1	
guarantees go requirements All shipmen	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.			4548 - Harlingen:1401 S Rangervill HEALTH & HUMAN SERVICES COMMISSION 1401 S Rangerville Rd Harlingen TX 78552 United States	
Vendor:	1741486383 1 MACPHERSONS LTD 2325 S 77 SUNSHINESTRIP STE B HARLINGEN TX 785508356 United States		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.gov	
			Purchaser:	Breest,Maria Ana	

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.

Quantity

UOM

PO Price

Extended Amt

Due Date

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

Inventory Item ID - Line Description

SHIPPING INSTRUCTIONS:

Line-Sch

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

Class/Item

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 #:1741486383 Sam Rangel 956-412-0100 SRangel@Macmedsupply.com

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

TERMS NET 30

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			Ship To:	4548 - Harlingen: 1401 S Rangervill HEALTH & HUMAN SERVICES COMMISS 1401 S Rangerville Rd Harlingen TX 78552 United States	
Vendor:	1741486383 1 MACPHERSONS LTD 2325 S 77 SUNSHINESTRIP STE B HARLINGEN TX 785508356 United States		Bill To:		
			Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov
			Purchaser:	Breest, Maria A	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	y UOM	PO Price	Extended Amt Due Date

PURCHASING METHOD: SP/E

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

REQUIREMENTS/LIMITATIONS:

FY2024 funding.

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

Requisition: 0000230394

1-1 269-72 1.00 LOT 7500.00000 \$7,500.00 09/01/2023

FY24 CG2 RGSC-Provide, on an as needed basis, medical supplies, medical personal items, medical personal property for clients/patients of the Rio Grande State Center State Hospital, State Supported Living Center and Outpatient Clinic

Schedule Total \$7,500.00

Item Total for Line 1

FY24 CG2 DA720 MACPHRSON F6111 DA720 F6111 7312/ 7367

LINE 1 MEDICAL SPLY 7312 LINE 2 SERVICES 7637

2-1 938-56 1.00 LOT 2500.00000 \$2,500.00 09/01/2023

FY24 CG2 RGSC-Provide, on an as needed basis, repairs to mobility equipment (wheelchairs, walkers etc.) for clients/patients of the Rio Grande State Center State Hospital and State Supported Living Center

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Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WA	·Υ	Purchase Order		HHSTX-4-000032145	0
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			Ship To:		TX 78552	1	
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				Fax: Email:	210/531-78 SAHAccou	83 nting@dshs.texas.gov	
				Purchaser:	Breest,Ma	ria Ana	
Line-Sch	Inventory Item ID - Line Description	Class/Item (Quantity	UOM	PO Price	Extended Amt Due Date	
				Sche	dule Total	\$2,500.00	
FY24 CG2 D DA720 F611	A720 MACPHRSON F6111 1 7312/ 7367						
LINE 1 MED LINE 2 SER	NICAL SPLY 7312 VICES 7637			Item Total i	for Line 2 _	\$2,500.00	
				Total Po	O 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,CTOM	07/14/2023