Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	TX-4-0000321880	
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 Pa 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		
			Ship To:			
Vendor:	Vendor: 1352186625 4 IDEXX DISTRIBUTION INC PO BOX 101327 ATLANTA GA 303921327 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:	Holton,Sharonda	512/406-2464	

Quantity

UOM

PO Price

Extended Amt

Due Date

BLANKET PURCHASE ORDER

Line-Sch

TERM: September 1, 2023 through August 31, 2024

Inventory Item ID - Line Description

SHIPPING INSTRUCTIONS: DO NOT SHIP UNITIL NOTIFIED BY AGENCY CONTACT

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 CONTACT:

TAMI.KENROY@DSHS.TEXAS.GOV

Ship to Attn: CHRISTOPHER MALOTA 512-776-7611

CHRISTOPHER.MALOTA@DSHS.TEXAS.GOV

HHSC BUYER: SHARONDA HOLTON, CTCD 512-406-2464 SHARONDA.HOLTON@HHS.TEXAS.GOV

VENDOR:

VID: 13521866254

Contractor: iDEXX DISTRIBUTION INC Contact Email: water@idexx.com

Phone: 1-800-321-0207

Address: PO Box 101327, Atlanta, GA 30392-1327

Quote # PREVIOUS PO 293357

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, 2023, will be considered cancelled.

Purchase Order

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Extended Amt Due Date

Payment Term	8	Ship Via		ппел	TX-4-0000321880
Net 30 Prepaid & Allow BEST WAY 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		Purchase Order Date 09/01/23	Revision Pa		
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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Holton,Sharonda	512/406-2464

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

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY24 funding.

Class/Item

Invoice per 34 TAC §20.487, amended effective May 1, 2023

Inventory Item ID - Line Description

Requisition # 00002195952

(Include for 1 Lot POs)

Line-Sch

Note: Agency will not order products on this PO that are available from Workquest, Texas Correctional Industries or DIR. Agency will not order capital or controlled assets on this PO.

Quantity

UOM

PO Price

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114 FLOOR: 4th CONTACT: Chris Malota

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H41000

PROGRAM CODE:

INTERNAL DELIVERY CODE: 7959

Requester name: Chris Malota

Rm: L-420

Requester Phone Number/area code: 512-776-7611 Requester E-mail: Chris.Malota@dshs.texas.gov

725.00000 1-1 175-54 2.00 PKG \$1,450.00 09/01/2023 WP-200I; COLILERT-24

> Schedule Total \$1,450.00

FY24 3234 Testing Supplies

Purchase Order

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Payment Tern Net 30	reight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	STX-4-0000321880	
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Vendor:	1352186625 4 IDEXX DISTRIBUTION INC PO BOX 101327 ATLANTA GA 303921327		Bill To:	Invoice-DSHS Fiscal Clai DEPARTMENT OF STA 1100 W 49th St (RBB) PO Box 149347	ims VTE HEALTH SERVICES	

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Austin TX 78756 United States

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due Date

*****VERY IMPORTANT NOTE TO VENDOR: Blanket PO. Do NOT ship entire order upon receipt of PO. Only release certain items upon the request of authorized DSHS Staff.*****

FY24 PRICES NOT AVALIABLE; Used estimated pricing

VENDOR:

VENDOR NAME: IDEXX Distribution Inc.

United States

ADDRESS: PO Box 101327 CITY/ZIP: Atlanta, GA 30392-1327 PHONE/FAX: 1-800-321-0207

VENDOR NUMBER AND LOC CODE: 1352186625

LOCATION CODE: 001

CONTACT NAME: water@idexx.com

PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756

CODE # 3063

FOR DSHS INTERNAL DELIVERY INFO:

BUILDING: Laboratory L114 FLOOR: 4th CONTACT: Chris Malota

INFORMATION PROVIDED FOR THE BUDGET SECTION:

THE 3RD THRU 5TH DIGITS OF THE PROJECT GRANT CODE:

DEPARTMENT ID CODE: H41000

PROGRAM CODE:

INTERNAL DELIVERY CODE: 7959

Requester name: Chris Malota

Rm: L-420

Requester Phone Number/area code: 512-776-7611 Requester E-mail: Chris.Malota@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

Item Total for Line 1	\$1,450.00

Purchase Order

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Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000	0321880
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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

				Purchas	ser: Holton, Sharonda	5	12/406-2464
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	WP-200I-18; COLILERT 18	175-54	15.00	PKG	725.00000	\$10,875.00	09/01/2023
					Schedule Total	\$10,875.00	
				I	tem Total for Line 2	\$10,875.00	
3-1	WP-104; COLILERT P/A COMPARATOR	175-54	6.00	EA	9.00000	\$54.00	09/01/2023
					Schedule Total	\$54.00	
				I	tem Total for Line 3	\$54.00	
					Total PO Amount	\$12,379.00	

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	
Shamda HAtm, CTCD	07/13/2023