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

### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHST	X-4-0000322996
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			<b>Date</b> 09/01/23	Revision	Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		11640 US Hwy 87 11640 N US Hwy 87 Carlsbad TX 76934 United States			
** *	11261652.0			T ' D.D.	

**Vendor:** 1411261653 8

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

**United States** 

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

**Fax:** 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

Purchaser: Vasquez lii,Richard

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended	Amt Due Date
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#### **BLANKET PURCHASE ORDER**

TERM: September 1, 2023 through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

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

DELIVERY: 3-5 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

Vendor Name: McKesson Medical Surgical Minnesota Supp

Vendor Address: PO Box 936279
Vendor City Zip: Atlanta, GA 31193-6279
Vendor Contact: Terry McKinney
Vendor Contact Phone: 713-816-3547

Vendor Contact Email: terry.mckinney@mckesson.com

Vendor TIN#: 1411261653/8

Contract Manager: Ida Montez
Contract manager phone: 325-465-2203

Contract manager email: ida.montez@hhs.texas.gov

SME Agency Contact: Ricki Gochenauer SME Agency Contact phone: 325-465-2315

SME Agency Contact email: ricki.gochenauer@hhs.texas.gov

VENDORS SEND INVOICES VIA EMAIL TO: 710Accounting@hhsc.state.tx.us

**BILL TO INFORMATION** 

Bill to: 4507

Abilene State Supported Living Center Attn: Accounts Payable PO Box 451 Abilene, TX 79604

Email: 710Accounting@hhsc.state.tx.us

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SHIP TO INFORMATION: 6433
BUILDING: Warehouse
CONTACT: Danny Melvin
PHONE #: 325-465-2266

## **Health and Human Services Commission**

### **Purchase Order**

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Vendor: 141	11261653 8		Bill To:	Invoice - DADS	

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

325/795-3807 Fax:

**Email:** 710Accounting@hhsc.state.tx.us

Vasquez Iii,Richard Purchaser:

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

CELL #: 325-262-0043

Email: danny.melvin@hhs.texas.gov

HHSC BUYER: RICHARD VASQUEZ RICHARD VASQUEZ 512-639-7327

MMCAP GPO and HHSC Contract # HHS000626500001

MMCAP GPO and Supplier Name Contract # MMS18000

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # 227210

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

Any goods or services not ordered and received by August 31, 2024, will be considered cancelled.

1-1 370-41 1.00 LOT 4999.00000 \$4,999.00 09/01/2023 FY24 FOOD SERVICE SUPPLIES Schedule Total \$4,999.00 Item Total for Line 1 \_\_ \$4,999.00

> Total PO Amount \$4,999.00

# **Health and Human Services Commission**

#### **Purchase Order**

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Payment To Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000322996
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Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAL PO BOX 936279 ATLANTA GA 31193-6279 United States	L MINNESOTA SUPP	Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser:	Vasquez lii,Richard PO Price Fytended Amt Due Date

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

07/25/2023