

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-4-0000324091</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><br>09/01/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br><br><b>Page</b><br>1   |
|  |   | <b>Ship To:</b>             | 5950 - El Paso:6700 Delta Dr<br>HEALTH & HUMAN SERVICES COMMISSION<br>6700 Delta Dr<br>6700 Delta Dr<br>El Paso TX 79905<br>United States |

**Vendor:** 1351538921 4  
HILL-ROM COMPANY INC  
PO BOX 643592  
PITTSBURGH PA 152643592  
United States

**Bill To:** Invoice-DSHS Accounts Payable  
DEPARTMENT OF STATE HEALTH SERVICES  
1200 E Brin  
PO Box 70  
Terrell TX 75160  
United States

**Fax:** 972/551-8052  
**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Hernandez,Natalee

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

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

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

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

Quote covered under Premier GPO contract PREMT5N-LT

**AGENCY CONTACT:**

Alonso Flores  
915-782-6309  
alonso.flores@hhs.texas.gov

**HHSC BUYER:**

Natalee Hernandez, CTCD, CTCM  
512-406-2555  
Natalee.hernandez@hhs.texas.gov

**VENDOR:**

HILL-ROM COMPANY INC  
480-7433-9051  
shannon.cyphers@hillrom.com

PREMIER GPO and Supplier Name Contract HHS000722100017  
Term of Service: 09/01/2023 thru 08/31/2024

PURCHASING METHOD: EX/0

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

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Not to Exceed \$50,000.00

**REQUIREMENTS/LIMITATIONS:**

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

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

Requisition 226791

|     |  |        |      |     |             |             |            |
|-----|--|--------|------|-----|-------------|-------------|------------|
| 1-1 | FY24/Services/Envella Specialty Bed Rental, Item #P0819A/ CH5-EPSSLC | 979-45 | 1.00 | LOT | 45070.20000 | \$45,070.20 | 09/01/2023 |
|-----|--|--------|------|-----|-------------|-------------|------------|

|                              |             |
|------------------------------|-------------|
| <b>Schedule Total</b>        | \$45,070.20 |
| <b>Item Total for Line 1</b> | \$45,070.20 |
| <b>Total PO Amount</b>       | \$45,070.20 |

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.

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|  |                   |
|--|-------------------|
| <b>Authorized By</b><br><i>Natalee Hernandez, CTOD, CTOM</i> | <b>08/01/2023</b> |
|--|-------------------|