

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000325818
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.			Date 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States

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

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
424 Mesquite Dr
PO Box 1132
Mexia TX 76667
United States

Fax: 254/562-1894
Email: 718Accounting@hhs.texas.gov

Purchaser: Keil,Jeremy

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
EX/0 - Legal Cite 2155.144 Client Purchase
PO must not exceed \$10,000.00
Requisition 231745
Pricing per Courtesy Rental Pricing Sheet
Goods and/or services are to be delivered and invoiced after September 1, 2023

PO Service Dates 09-01-2023 to 08-31-2024

Services to be performed: Funding for rental of hospital beds, as needed for patients.

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

VENDORS PLEASE SEND INVOICES VIA EMAIL TO 718Accounting@hhs.texas.gov

Vendor contact
Wenell Rexford
888-484-6848 Option 1
wenell_rexford@baxter.com

Agency contact
Kimberly Graham
903-683-3421
kimberly.graham@hhs.texas.gov

Contract Manager Name
Jerry McClure
903-683-7621
jerry.mcclure@hhs.texas.gov

PCS contact
Jeremy Keil
512-776-2992
Jeremy.Keil@hhs.texas.gov

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Purchaser: Keil, Jeramy

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY24 (Service) - Hospital Bed and Mattress rental as needed	979-39	1.00	LOT	10000.00000	\$10,000.00	09/01/2023
Schedule Total						\$10,000.00	
Item Total for Line 1						\$10,000.00	
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 <i>Jeramy Keil, CTCD</i>	08/14/2023
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