

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000326005</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> 09/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States
			<b>Page</b> 1

**Vendor:** 1742728787 9  
FOUNDATIONS INC  
9600 DATAPOINT DR  
SAN ANTONIO TX 78229-2028  
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:** 210/531-7883  
**Email:** SAHAccounting@dshs.texas.gov

**Purchaser:** Augustus, Wendlyn Denett

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 0000234594  
Rate: Current Medicaid/Medicare approved rates and/or negotiated rates per individual basis

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

Services to be performed: Pathology Services

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.

Payment inquiries and invoices are to be submitted to SAHAccounting@dshs.texas.gov

**Vendor Contact**  
1742728787  
Foundations  
Celeste Martinez  
210-892-3729  
cmartinez@pathreflab.com.com

**Lead Contact**  
Greg Hammond  
830-258-5217  
greg.hammond@hhs.texas.gov

**Contact Manager**  
Maria Elena Cabrera  
mariaelena.cabrera1@hhs.texas.gov  
210-531-7356

1-1	FOUNDATIONS PATHOLOGY HOSPITAL SERVICES-KSH	948-55	1.00	LOT	10000.00000	\$10,000.00	09/01/2023
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<b>Schedule Total</b>							\$10,000.00
<b>Item Total for Line 1</b>							\$10,000.00
<b>Total PO Amount</b>							\$10,000.00

FY24 CF8 F3D PATH LAB F4300 724810  
F3D010 F4300 724810

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.

<b>Authorized By</b> 	<b>08/15/2023</b>
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