Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order	H	HSTX-4-0000326166
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			Date 09/01/23	Revision	Page 1	
guarantees go requirements. All shipment	esponses become a part of this numbered p oods or services delivered meet or exceed n ts, shipping papers, invoices, and corres rchase Order Number.	numbered purchase	e order	Ship To:	5059 - Kerrville:72 HEALTH & HUM, 721 Thompson Dr Kerrville TX 78028 United States	AN SERVICES COMMISSION
Vendor:	1362999230 9 ARJOHUNTLEIGH INC 2349 W LAKE ST STE 250 ADDISON IL 601016188 United States			Bill To:	Invoice-DSHS Acc HEALTH & HUM 6711 S New Braunt Ste 100 San Antonio TX 78 United States	AN SERVICES COMMISSION Tels
				Fax: Email:	210/531-7883 SAHAccounting@c	lshs.texas.gov
				Purchaser:	Meads,Courtney	512/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

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: 14 Days After Receipt of PO

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

Send Invoices Via Email To: SAHACCOUNTING@dshs.texas.gov

Agency Contact: Warren Setnan warren.setnan@hhs.texas.gov 830-258-5284

Terry Jane Mohnke jane.mohnke@hhs.texas.gov 830-258-5203

HHSC BUYER: Courtney Meads CTCD, CTCM 512-406-2478 Courtney.meads@hhs.texas.gov

VENDOR: Kyle Pinnington Long Term Care Territory Manager Mobile: (561) 815-3849 kyle.j.pinnington@arjo.com

Premier GPO and HHSC Contract # HHS000776400001

Premier GPO and Arjo PP-NS-1500 PP-NS-1494

Purchasing Method: EX-0 Not to Exceed 50,000.00

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

Health and Human Services Commission

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specification	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adver	rtisement and ve	ndor's	Date 09/01/23	Revision		Page 2
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Vendor:	1362999230 9 ARJOHUNTLEIGH INC 2349 W LAKE ST STE 250 ADDISON IL 601016188 United States			Bill To:	Invoice-DSHS Acc HEALTH & HUM/ 6711 S New Braunf Ste 100 San Antonio TX 78 United States	AN SERVICES CO els	OMMISSION
				Fax: Email:	210/531-7883 SAHAccounting@c	lshs.texas.gov	
				Purchaser:	Meads,Courtney		12/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition	# 232817						
Goods and/	or services are to be delivered and invoi	iced after Septe	ember 1, 202	3.			
Any goods	or services not ordered and received by	August 31, 202	4, will be cor	nsidered cancelled.			
Amount ma	y be increased/decreased upon need.						
This PO is o	contingent upon the continued availability	y of lawful appr	opriations by	the Texas Legislature	e. FY2024 funding.		
Invoice per	34 TAC §20.487, amended effective Ma	y 1, 2022					
•	cy will not order goods or services on thi ontrolled assets or equipment on this PO		vailable from	n Workquest, Texas C	orrectional Industrie	es or DIR. Agenc	y will not order
1-1	PURCHASE OF VARIOUS SLINGS, PARTS AND REPAIRS, MAINTENANCE OF MAXI-MOVE LIFTS AS NEEDED.	470-50	1.00	LOT 3	000.00000	\$3,000.00	09/01/2023
				Sche	dule Total	\$3,000.00	
				Item Total	for Line 1	\$3,000.00	
				Total P	O Amount	\$3,000.00	

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.

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Vendor:	endor: 1362999230 9 ARJOHUNTLEIGH INC 2349 W LAKE ST STE 250 ADDISON IL 601016188 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: Email:	210/531-7883 SAHAccounting@dsh	s.texas.gov	
Line-Sch In	wentory Item ID - Line Description	Class/Item Quantity	Purchaser:	Meads,Courtney	512/406-2478 Extended Amt Due Date	

Authorized By
Caushy Meach CTCD, CTCM 08/16/2023