## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

| Payment Te  | rms Freight Terms  | Ship Via |                | 1111 <b>0T</b> V 4 000000545  |  |
|---|--|----------|----------------|---|--|
| Net 30  | No Shipment Involved   | NO SHIP  | Purchase Order | HHSTX-4-0000328515  |  |
|   | If advertised by informal bid, Invitation for Offer, or Request for Proposal; all        |          |                | Revision Page   |  |
|   | specifications, terms, and conditions set forth in the advertisement and vendor's        |          |                | 1   |  |
| conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. |  |          | Ship To:       | 4038 - Corpus Christi:902 Airport<br>HEALTH & HUMAN SERVICES COMMISSION<br>902 Airport Rd<br>Corpus Christi TX 78405<br>United States |  |
| Vendor:   | or: 1770441625 8<br>CEPHEID<br>PO BOX 74007537<br>CHICAGO IL 60674-7537<br>United States |          | Bill To:       | Invoice - DADS<br>HEALTH & HUMAN SERVICES COMMISSION<br>4001 Highway 36 South<br>Brenham TX 77833<br>United States                    |  |
|   |  |          | Fax:<br>Email: | 979/277-1865<br>712Accounting@hhs.texas.gov   |  |
|   |  |          |                |   |  |

Quantity

Class/Item

**Purchaser:** 

**UOM** 

Mckelvy, Michael

Extended Amt

**Due Date** 

PO Price

FY24 funding
EX/0 Legal Cite 2155.144 Client Purchase
PO must not exceed \$10,000.00
Requisition 0000241496
Pricing per: Quote from CSQN-00006457 v. 1.0 Date:08-31-2023

**Inventory Item ID - Line Description** 

PO Service Dates 09-15-2023 to 08-31-2024

Services to be performed: Lab Equipment 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.

Vendor contact 1770441625 Cepheid Lisa Ramirez 1-888-838-3222 Lisa.Ramirez@Cepheid.com

Line-Sch

Agency contact Raymond Lopez 512-434-9180 Raymond.Lopez01@HHS.Texas.Gov

PCS contact Mike McKelvy; CTCD, CTCM 512-406-2579 Mike.McKelvy@HHS.Texas.Gov

ADVANTAGE SERVICE

AGREEMENT

1-1

938-63 1.00 LOT 4191.47000 \$4,191.47 09/20/2023

Schedule Total \$4,191.47

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|---|---|----------------------------|----------------------|--|--------------|-----------------|
| 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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. |   |                            | <b>Date</b> 09/15/23 | Revision Page 2  4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States       |              |                 |
|   |   |                            | Ship To:             |  |              |                 |
| Vendor:   | 1770441625 8<br>CEPHEID<br>PO BOX 74007537<br>CHICAGO IL 60674-7537<br><b>United States</b> |                            | Bill To:             | Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States  979/277-1865 712Accounting@hhs.texas.gov |              |                 |
|   |   |                            | Fax:<br>Email:       |  |              |                 |
|   |   |                            | Purchaser:           | Mckelvy,Micha  | ael          |                 |
| Line-Sch  | <b>Inventory Item ID - Line Description</b>   | Class/Item Quantity        | UOM                  | PO Price   | Extended Amt | <b>Due Date</b> |
|   |   |                            | Item Total           | for Line 1   | \$4,191.47   |                 |
|   |   |                            | Total P              | O Amount   | \$4,191.47   |                 |

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

Jan Marco, CICM

09/15/2023