

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order HHSTX-4-0000328998
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 09/22/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 4552 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Austin TX 78756 United States

Vendor: 1751584559 6
MIDLAND COUNTY HOSPITAL DISTRICT
DBA MIDLAND MEMORIAL HOSPITAL
400 ROSALIND REDFERN GROVER PKWY
MIDLAND TX 797015846
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Atchley,Cindy Jean 432/263-9617

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 TGC 791 Interlocal
Requisition 0000241265; Pricing per Quote dated 6/20/2023 for FY24 Term
Rate: See attached pricing

PO Service Dates: 09/22/2023-08/31/2024 with no renewals

Client Services as needed:
Services to provide Tuberculosis TB services in PHR 9/10; See SOW

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 and/or 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:
Marie Castro
432-221-1523
marie.castro@midlandhealth.org

For Agency: Department of State Health Services (DSHS) Region 9/10; TB - RLHO

Agency Contract Manager:
David Acosta, CTCM
512-776-6903
david.acosta@dshs.texas.gov

PCS Contact:
Cindy Atchley, CTCD
Phone: 432-263-9617
Email: cindy.atchley@hhs.texas.gov

1-1	FY24 Client Services as needed; RLHO Tuberculosis (TB) - Midland County Hospital District; Services to provide TB services in PHR 9/10; Term 9/22/2023 - 8/31/2024 no renewals; Req 241265	948-74	1.00	LOT	500.00000	\$500.00	09/22/2023
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Schedule Total \$500.00

Item Total for Line 1 \$500.00

Total PO Amount \$500.00

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>Cindy Atchley, CTCD</i>	09/22/2023
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