Purchase Order

Dispatch via Print

Extended Amt Due Date

D	Ensight Tamas	Chin Vin				
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-4-0000329200	
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.			Date 10/09/23	Revision 1 - 10/9/2023	Page 1	
			Ship To:	St (DBGL E HEALTH SERVICES		
	endor: 1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 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: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Meads,Courtney	512/406-2478	

Quantity UOM

PO Price

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

Inventory Item ID - Line Description

DELIVERY: 14 Days After Receipt of PO

Line-Sch

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

Class/Item

Send Invoice to: LabAccounting@dshs.texas.gov

AGENCY CONTACT: Christopher Jones 512 776-2478 christopher.jones@dshs.texas.gov

Dene Thompson, 512 776-2457 dene.thompson@dshs.texas.gov

Loading Dock: L-114 Building: Laboratory L-725

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

VENDOR: ACCUSTANDARD INC orders@accustandard.com customerservice@accustandard.com 1 203-786-5290 press 2 1 800-442-5290 press 2

QUOTE 678887 Customer #03387

PURCHASING METHOD: SP/E

Purchase Order

Payment Terms Freight Terms Ship Via HHSTX-4-0000329200 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Revision Date Page specifications, terms, and conditions set forth in the advertisement and vendor's 10/09/23 1 - 10/9/2023 2 conforming responses become a part of this numbered purchase order. Contractor 4546 - Austin:1100 W 49th St (DBGL Ship To: guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 1061182317 9 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES ACCUSTANDARD INC 125 MARKET ST 1100 W 49th St (RBB) PO Box 149347 NEW HAVEN CT 065133031 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov Purchaser: Meads,Courtney 512/406-2478 Inventory Item ID - Line Description Line-Sch Class/Item Quantity UOM PO Price Extended Amt Due Date Not to Exceed \$10,000.00 **REQUIREMENTS/LIMITATIONS:** This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding. Invoice per 34 TAC §20.487, amended effective May 1, 2022 Requisition 241499 193-89 20.00 EA 10/10/2023 1-1 \$9.00 \$180.00 M-552.2-SS: 2,3-DIBROMOPROPIONICACID \$180.00 Schedule Total Item Total for Line 1 \$180.00 280.00000 2 - 1193-89 2.00 EA \$560.00 10/10/2023 M-515.4A-PAK: UNDERIVATIZED ACIDS Schedule Total \$560.00 \$560.00 Item Total for Line 2 3-1 193-89 2.00 EA 60.00000 \$120.00 10/10/2023 M-508.1-DS-100X-PAK: DECOMPOSITION SOLUTION Schedule Total \$120.00 Item Total for Line 3 \$120.00 4-1 193-89 3.00 EA 140.00000 \$420.00 10/10/2023 M-502B-10X-PAK: VOLATILE ORGANIC CMPDS- GASES Schedule Total \$420.00

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Payment To		Ship V		_			HHSTX-4-0	tch via Print	
	Prepaid & Allow by informal bid, Invitation for Offer, or Req		ıl; all	Pur Date	<u>chase Order</u> e	Revision	NN31A-4-0	000329200 Page	
	is, terms, and conditions set forth in the adver- responses become a part of this numbered pu				09/23	1 - 10/9/2023		3	
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.					o To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756			
						United States	750		
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 United States			Bill	То:		47	H SERVICES	
					Fax: Email:	512/458-7442 invoices@dsh			
				Pure	chaser:	Meads,Cour	tney 5	12/406-2478	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
					Item Total f	for Line 4	\$420.00		
5-1	P-197S-10X: TRIFL URALIN20	193-89	20.00	EA		\$21.60	\$432.00	10/10/2023	
					Sche	dule Total	\$432.00		
					Item Total f	or Line 5	\$432.00		
6-1	M-508-IS-10X: PENTACHLORONITROBENZENE	193-89	15.00	EA		\$18.00	\$270.00	10/10/2023	
					Sche	dule Total	\$270.00		
					Item Total f	or Line 6	\$270.00		
7-1	M-508.1-ASL-PAK: METHOD 508.1 (SDWA)REGULATED PESTICIDE MIX	193-89	2.00	EA		240.00000	\$480.00	10/10/2023	
					Sche	dule Total	\$480.00		
					Item Total f	or Line 7	\$480.00		
8-1	CLP-022K-10X: TCL KETONE MIX	193-89	10.00	EA		\$22.50	\$225.00	10/10/2023	
					Sche	dule Total	\$225.00		
					Item Total f	or Line 8	\$225.00		
9-1	S-102613: CUSTOM VOC STANDARD	193-89	1.00	P10	1	920.00000	\$1,920.00	10/10/2023	
					Sche	dule Total	\$1,920.00		
					Item Total f	for Line 9	\$1,920.00		
10-1		962-86	1.00	LOT		236.32000	\$236.32	10/10/2023	

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Ship Via **Payment Terms** Freight Terms HHSTX-4-0000329200 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 10/09/23 1 - 10/9/2023 4 conforming responses become a part of this numbered purchase order. Contractor 4546 - Austin:1100 W 49th St (DBGL Ship To: guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 1061182317 9 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES ACCUSTANDARD INC 125 MARKET ST 1100 W 49th St (RBB) NEW HAVEN CT 065133031 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.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 EST SHIPPING/HANDLING/FREIGHT CHARGES \$236.32 Schedule Total \$5.00 Cold pack \$ 231.32 Shipping Handling Item Total for Line 10 \$236.32 **Total PO Amount** \$4,843.32

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
Cantry Meads CTCD, CTCM. 10/09/2023