Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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.

Purchase Order **HHSTX-4-0000332945**

Date	Revision	Page
11/09/23		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: 1751228349 4
CHILDRESS COUNTY HOSPITAL DISTRICT
CHILDRESS REGIONAL MEDICAL CENTER
PO BOX 1030
CHILDRESS TX 792011030
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

Exempt Reason: INTERLOCAL CONTRACTS

Purchaser: Martinez,David

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY24 funding
EX/0 TGC 791 Interlocal
Requisition 246564
PO Service Dates 11/09/2023 to 08/31/2024
FY24 RLHO Tuberculosis (TB) -CHILDRESS COUNTY HOSPITAL DISTRICT - FY24 TPO -Providing TB services in PHR 1

Goods and/or services are to be delivered and invoiced after September 1, 2023.

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
Childress County Hospital District
Emilee Stratton
940-937-6371
EStratton@ChildressHospital.com

Agency Contact
David Acosta
512-776-6903
David.Acosta@dshs.texas.gov

PCS Purchasing Contact
David Martinez
512-406-2597
David.Martinez01@hhs.texas.gov
Quote CCHD

1-1	FY24 - RLHO Tuberculosis (TB) - CHILDRESS COUNTY HOSPITAL DISTRICT - FY24 TPO - Providing TB services in PHR 1 - Term 10/24/23 - 8/31/24	948-55	1.00	EA	1000.00000	$1,000.00	11/09/2023

Schedule Total $1,000.00

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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.

Purchase Order **HHSTX-4-0000332945**

Date	Revision	Page
11/09/23		2

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: 1751228349 4
CHILDRESS COUNTY HOSPITAL DISTRICT
CHILDRESS REGIONAL MEDICAL CENTER
PO BOX 1030
CHILDRESS TX 792011030
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

Exempt Reason: INTERLOCAL CONTRACTS

Purchaser: Martinez,David

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

Item Total for Line 1 $1,000.00

Total PO Amount $1,000.00

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.

Authorized By

David Martinez CTCD, CTCM

11/09/2023