Health and Human Services Commission

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-4-0000335282**

Date	Revision	Page
12/19/23		1

Ship To: 4038 - Corpus Christi:902 Airport
HEALTH & HUMAN SERVICES COMMISSION
902 Airport Rd
Corpus Christi TX 78405
United States

Vendor: 1202046702 8
MCKESSON MEDICAL SURGICAL GOVERNMENT SOL
PO BOX 531288
ATLANTA GA 303531288
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Exempt Reason: GPO

Purchaser: Ogle,Tracie L

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

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 - Friday except designated State Holidays

AGENCY CONTACT:
Yvonne Almendarez
Yvonne.almendarez@hhs.texas.gov

Contract Manager Name: If a contract, ENTER CHRISTINE CRUZ
Contract Manager Email: ENTER (ex: christine.cruz@hhs.texas.gov)
Contract Manager Phone: 361-888-5301 ext 7507

HHSC BUYER:
Tracie Ogle, CTCD, CTCM
512-776-2326
Tracie.ogle@hhs.texas.gov

VENDOR:
Vendor Name: McKesson Medical-Surgical
Vendor Contact: Michael Cecelia
Vendor Phone: 904-661-3969
Vendor Email: Michael.Cecelia@mckesson.com
Government.sales@mckesson.com

Quote # CPQ-774802

MMCAP GPO and HHS Contract # HHS000626500001

MMCAP GPO and McKesson Contract # MMS20020288

PURCHASING METHOD: EX/0

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

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

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Fax: 979/277-1865
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Exempt Reason: GPO

Purchaser: Ogle,Tracie L

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition: 0000250400							
1-1	ITEM # 329057 CATHETER INSERTION TRAY KENGUARD ADD-A-CATH FOLEY WITHOUT BALLOON WITHOUT CATHETER	475-21	1.00	CS	110.36000	$110.36	01/02/2024

Schedule Total $110.36

Item Total for Line 1 $110.36

Total PO Amount $110.36

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

Tracie Ogle, CTCD

12/19/2023