Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Term Net 30	reight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	K-4-0000336000	
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			Date 01/03/24	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To: 6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMISSION 4001 S Hwy 36			
	shipping papers, invoices, and corres hase Order Number.	pondence must be identified				
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAL	L MINNESOTA SUPP	Bill To:	Invoice - DADS HEALTH & HUMAN SERVI	ICES COMMISSION	

PO BOX 936279

ATLANTA GA 31193-6279

United States

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

Exempt Reason: GPO

Purchaser: Ogle, Tracie L Line-Sch **UOM Inventory Item ID - Line Description** Class/Item **Extended Amt Due Date** Quantity PO Price

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

DELIVERY: 10 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: Susan Washington

Susan.Washington@hhs.texas.gov

Ship to Attn: Susan Washington HEALTH HUMAN SERVICES COMMISSION 4001 S Hwy 36 Brenham, TX 77833

HHSC BUYER:

Tracie Ogle, CTCD, CTCM Tracie.Ogle@hhs.texas.gov

VENDOR:

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

800-328-8111

Government.Sales@McKesson.com

MMCAP GPO and HHS Contract # HHS000626500001

MMCAP GPO and Supplier Name Contract #43001201

Quote # CPQ-778379

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

Requisition #0000251684

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All shipments, ship with our Purchase	ping papers, invoices, and corr Order Number.	espondence must be identified		Brenham TX 77833 United States	3
Vondon 1/1	1261653 8		Dill To.	Invoice DADS	

14112616538 Vendor:

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

Invoice - DADS Bill To:

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

979/277-1865 Fax:

Email: 712Accounting@hhs.texas.gov

Exempt Reason: GPO

				Purc	chaser: Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	581642CONVATEC #411805 BARRIER, SKIN SUR-FIT NATURA STOMAHESIVE 57MM LG 10/BX	475-09	53.00	BOX	53.16000	\$2,817.48	01/11/2024
					Schedule Total	\$2,817.48	
					Item Total for Line 1	\$2,817.48	
2-1	526114CONVATEC #404028 POUCH, SUR-FIT DRN W/2 SD PANL12" OPAQ 2 1/4" (20/BX)	475-21	40.00	BOX	53.38000	\$2,135.20	01/11/2024
					Schedule Total	\$2,135.20	
					Item Total for Line 2	\$2,135.20	
					Total PO Amount	\$4,952.68	

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	
Tracia Dak, CTCD	01/03/2024