Purchase Order

Dispatch via Print

Payment Term Net 30	reight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HF	HSTX-4-0000336006	
specifications, t	informal bid, Invitation for Offer, or R terms, and conditions set forth in the ad	vertisement and vendor's	Date 01/03/24	Revision	Page 1	
	ponses become a part of this numbered ds or services delivered meet or exceed		Ship To:	6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMISSION		
	shipping papers, invoices, and corres hase Order Number.	spondence must be identified		4001 S Hwy 36 Brenham TX 77833 United States		
Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICA	L MINNESOTA SUPP	Bill To:	Invoice - DADS HEALTH & HUMAN	SERVICES COMMISSION	

PO BOX 936279

ATLANTA GA 31193-6279

United States

4001 Highway 36 South Brenham TX 77833 United States

Fax:

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

Exempt Reason: GPO

Purchaser: Ogle, Tracie L Line-Sch **UOM Due Date Inventory Item ID - Line Description** Class/Item **Extended Amt** 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-778455

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 #0000251695

Purchase Order

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specifications, terms	Prepaid & Allow rmal bid, Invitation for Offer, or , and conditions set forth in the a	dvertisement and vendor's	Purchase Order Date 01/03/24	Revision	Page 2
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:400 HEALTH & HUMAI 4001 S Hwy 36	1 S Hwy 36 N SERVICES COMMISSION	
All shipments, ship with our Purchase	ping papers, invoices, and corr Order Number.	espondence must be identified		Brenham TX 77833 United States	
Vondor: 1/1	1261653 8		Bill To:	Invoice - DADS	

1411261653 8 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:

712 Accounting @hhs.texas.govEmail:

Exempt Reason: GPO

Exempt Re				Purc	chaser: Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	1204466ACON LABORATORIES #L031-118B5-300 TEST KIT, COVID-19 FLOWFLEX ANTIGEN OTC (300TEST/CS)	475-69	2.00	CS	1318.91000	\$2,637.82	01/11/2024
					Schedule Total	\$2,637.82	
					Item Total for Line 1	\$2,637.82	
2-1	1031795MCKESSON BRAND #16- N251 NEEDLE, HYPO TW 25GX1" (100/BX10BX/CS)	475-61	8.00	BOX	5.60000	\$44.80	01/11/2024
					Schedule Total	\$44.80	
					Item Total for Line 2	\$44.80	
3-1	493334AMERICAN DIAGNOSTIC CORP #664Y STETHOSCOPE, DISP YLW LF	475-68	1.00	CS	111.50000	\$111.50	01/11/2024
					Schedule Total	\$111.50	
					Item Total for Line 3	\$111.50	
4-1	363735MCKESSON BRAND #01- 641TLGM STETHOSCOPE, SPRAGUE RAPPAPORTTEAL	475-68	4.00	EA	9.09000	\$36.36	01/11/2024
					Schedule Total	\$36.36	
					Item Total for Line 4	\$36.36	
5-1	363729MCKESSON BRAND #01- 641BKGM STETHOSCOPE, SPRAGUE	475-68	4.00	EA	11.01000	\$44.04	01/11/2024

Purchase Order

					Dispatch via Print
Payment Term Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	ГХ-4-0000336006
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 3
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Vendor: 1411261653 8 MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP PO BOX 936279 ATLANTA GA 31193-6279 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SER 4001 Highway 36 South Brenham TX 77833 United States	RVICES COMMISSION	

979/277-1865 Fax:

712Accounting@hhs.texas.gov Email:

Exempt Reason: GPO

Exempt Re					haser: Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	RAPPAPORTBLK 30"						
					Schedule Total	\$44.04	
					Item Total for Line 5		
					item Total for Line 5	\$ 44.04	
6-1		475-68	4.00	EA	7.83000	\$31.32	01/11/2024
	992843MCKESSON BRAND #01- 641NGM						
	STETHOSCOPE, SPRAGUE						
	RAPPAPORTNAVY						
					Schedule Total	\$31.32	
					Item Total for Line 6	\$31.32	
		455.50	4.00	.	44.04000	* 4 . 5.4	04/44/2004
7-1	363733MCKESSON BRAND #01-	475-68	4.00	EA	11.91000	\$47.64	01/11/2024
	641RBGM STETHOSCOPE, SPRAGUE						
	RAPPAPORTR BLU						
					Schedule Total	\$47.64	
					Item Total for Line 7	\$47.64	
						·	
8-1		475-68	4.00	EA	8.75000	\$35.00	01/11/2024
	582858MCKESSON BRAND #01- 641NPGM						
	STETHOSCOPE, SPRAGUE RAPPAPORTNEON PINK						
					Schedule Total	¢25.00	
					Item Total for Line 8	\$35.00	
9-1		475-68	4 00	EA	9.32000	\$37.28	01/11/2024
, 1	363731MCKESSON BRAND #01-	.75 00	7.00	<i>-1</i> 11	7.32000	φ57.20	01/11/202T
	641LVGM STETHOSCOPE, SPRAGUE						
	RAPPAPORTLAV						
					Schedule Total	\$37.28	

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-000033	86006
specifications, terms	ormal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 01/03/24	Revision	Page 4
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 COMMIS 4001 S Hwy 36	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Brenham TX 77833 United States	
Vendor: 14	11261653 8		Bill To:	Invoice - DADS	

MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP

PO BOX 936279

ATLANTA GA 31193-6279

United States

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

Ехетрі кез	ason. Of O			Pur	chaser: Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 9	\$37.28	
10-1	#649118MCKESSON BRAND #16- 66201 SUCTION, YANKAUER RIGID BULB TIP VENT STR LF (50/C	475-68	2.00	CS	31.19000	\$62.38	01/11/2024
					Schedule Total	\$62.38	
					Item Total for Line 10	\$62.38	
11-1	490312HEALTH O METER #PORTROD ROD, PORT WALL MOUNT HEIGHT	475-68	1.00	EA	135.37000	\$135.37	01/11/2024
					Schedule Total	\$135.37	
					Item Total for Line 11	\$135.37	
12-1	1129455MCKESSON BRAND #170- 51001GR MAT, FLOOR BEVELED GRY 70"X24"X.7" D/S	475-68	15.00	EA	66.15000	\$992.25	01/11/2024
					Schedule Total	\$992.25	
					Item Total for Line 12	\$992.25	
13-1	669797DRIVE MEDICAL #15001ABV BED RAIL, FULL BRN VEIN 4BAR	475-68	12.00	PR	63.52000	\$762.24	01/11/2024
					Schedule Total	\$762.24	
					Item Total for Line 13	\$762.24	
					Total PO Amount	\$4,978.00	

Purchase Order

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Payment Ter	ms Freight Terms	Ship Via		1110 T V 4 000000000
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-0000336006
If advertised b	y informal bid, Invitation for Offer, or R	equest for Proposal; all	Date	Revision Page
	terms, and conditions set forth in the ad-		01/03/24	5
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Vendor:	1411261653 8 MCKESSON MEDICAL-SURGICAL PO BOX 936279 ATLANTA GA 31193-6279 United States	L MINNESOTA SUPP	Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov
Exempt Reas	on: GPO		Purchaser:	Ogle,Tracie L

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.

Quantity

UOM

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.

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

Sracic Agh, CTC)

PO Price

01/03/2024

Extended Amt

Due Date