

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 01/03/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMISSION 4001 S Hwy 36 Brenham TX 77833 United States
			Page 1

Vendor: 1411261653 8
MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP
PO BOX 936279
ATLANTA GA 31193-6279
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
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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

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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

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	RAPPAPORTBLK 30"						
					Schedule Total	\$44.04	
					Item Total for Line 5	\$44.04	
6-1	992843MCKESSON BRAND #01-641NGM STETHOSCOPE, SPRAGUE RAPPAPORTNAVY	475-68	4.00	EA	7.83000	\$31.32	01/11/2024
					Schedule Total	\$31.32	
					Item Total for Line 6	\$31.32	
7-1	363733MCKESSON BRAND #01-641RBGM STETHOSCOPE, SPRAGUE RAPPAPORTR BLU	475-68	4.00	EA	11.91000	\$47.64	01/11/2024
					Schedule Total	\$47.64	
					Item Total for Line 7	\$47.64	
8-1	582858MCKESSON BRAND #01-641NPGM STETHOSCOPE, SPRAGUE RAPPAPORTNEON PINK	475-68	4.00	EA	8.75000	\$35.00	01/11/2024
					Schedule Total	\$35.00	
					Item Total for Line 8	\$35.00	
9-1	363731MCKESSON BRAND #01-641LVGM STETHOSCOPE, SPRAGUE RAPPAPORTLAV	475-68	4.00	EA	9.32000	\$37.28	01/11/2024
					Schedule Total	\$37.28	

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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 GRAY 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	

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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, (ETC)

01/03/2024