## **Department of State Health Services**

## **Purchase Order**

Ship Via **Payment Terms** Freight Terms HHSTX-4-0000336248 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 01/08/24 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1906 - Houston:5425 Polk St guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 5425 Polk St All shipments, shipping papers, invoices, and correspondence must be identified Ste 420 with our Purchase Order Number. Houston TX 77023 United States 1870361597 3 Bill To: Invoice-DSHS Fiscal Claims Vendor: SENSAPHONE INC DEPARTMENT OF STATE HEALTH SERVICES 901 TRYENS RD 1100 W 49th St (RBB) ASTON PA 190141522 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov Exempt Reason: N/A **Purchaser:** Olvera, Marissa Ann Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt **Due Date** 

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid 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: Shaniqua Spiller shaniqua.spiller@dshs.texas.gov

Ship to Attn: Shaniqua Spiller DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St Ste 420 Houston, TX 77023

HHSC Purchaser Marissa Olvera marissa.olvera1@hhs.texas.gov

VENDOR: Sensaphone Mary Ellen Schmidt 610-675-2290 mschmidt@sensaphone.com

QUOTE #35223

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

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 #0000250940

#### **Dispatch via Print**

# **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Te		Ship V		Dural and C. I		HHSTX-4-00	
specification	Prepaid & Allow I by informal bid, Invitation for Offer, or Red is, terms, and conditions set forth in the adve	ertisement and ve	al; all endor's	Purchase Order Date 01/08/24	Revision	111317-4-00	200330240 Page
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.				Ship To:	1906 - Houston:5425 Polk St DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St Ste 420 Houston TX 77023 United States		
Vendor:	1870361597 3 SENSAPHONE INC 901 TRYENS RD ASTON PA 190141522 <b>United States</b>			Bill To:	Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934 Austin TX 787 United States	IT OF STATE HEALTI t (RBB) 7	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs	.texas.gov	
Exempt Reason: N/A			Purchaser:	Olvera,Mariss	sa Ann		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Sensaphone IMS-1000 Monitoring Solution with Modem Item #: IMS-1002E	205-58	2.00	EA	889.19000	\$1,778.38	01/22/2024
				Sch	<b>chedule Total</b> \$1,778.38		
				Item Total for Line 1		\$1,778.38	
				Total I	PO Amount	\$1,778.38	

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	
Marina Oluera	01/08/2024