

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000336482
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 01/11/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States
			Page 1

Vendor: 1223919201 1
PLANET HOLDINGS INC
DBA PLANET CELLULAR
2114 N FLAMINGO RD STE 210
PEMBROKE PINES FL 330283501
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4601 W Guadalupe St
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hpsc.state.tx.us

Exempt Reason: CLIENT PURCHASES

Purchaser: Meads,Courtney 512/406-2478

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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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 thru Friday except designated State Holidays

AGENCY CONTACT:

Belinda Garza
belinda.garza@dshs.texas.gov
956-364-8759

HHSC BUYER:
Courtney Meads CTCD, CTCM
512-406-2478
courtney.meads@hhs.texas.gov

VENDOR:
1223919201
Planet Holding Inc
Rafael Smith
909-667-2423
ops@planetcellinc.com

Oliver Jackson
oliver@planetcellinc.com

Formal IFB HHS000014232

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.144 for goods or services acquired for the benefit or on behalf of clients of programs operated by the agency.

Not to Exceed \$100,000 (when no HUB HSP Review)

REQUIREMENTS/LIMITATIONS:

Department of State Health Services

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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 247367

1-1	Cepheid Xpert #GXMTB/RIF-US-10 Reagent Kits	175-53	60.00	EA	491.75000	\$29,505.00	01/11/2024
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Schedule Total \$29,505.00

Item Total for Line 1 \$29,505.00

Total PO Amount \$29,505.00

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

Courtney Meads CTOA, CTCM

01/11/2024