Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	-4-0000340098	
specification	by informal bid, Invitation for Offer, or Ross, terms, and conditions set forth in the adv	vertisement and vendor's	Date 03/05/24	Revision	Page 1	
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:	Co: 4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE H 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756	EALTH SERVICES	

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

United States

Exempt Reason: N/A

Purchaser: Holton, Sharonda 512/406-2464

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

CONTACT FOR QUESTION: AMY DELEON, 512-776-3735 - AMY.DELEON@DSHS.TEXAS.GOV

PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756

VENDOR: VID: 1061182317

Contractor: ACCUSTANDARD INC Email: orders@accustandard.com

Email: CUSTOMERSERVICE@ACCUSTANDARD.COM

Phone: 203-786-5290 Phone: 800-442-5290

125 Market Street, New Haven, CT 06513 USA

QUOTE: CART

Previous PO: HHSTX-4-0000337654

SP E

HHS REQUISITION: 0000256454

HHS BUYER:

SHARONDA HOLTON, CTCD - SHARONDA.HOLTON@HHS.TEXAS.GOV

FOR DSHS INTERNAL DELIVERY INFO: BUILDING: Laboratory Dock - L114 FLOOR: 1st

FLOOR: 1st CONTACT: Jia He PHONE #: 512-776-3366

Requester INFO:

Requester Name: Jia He

Requester Phone Number/area code: 512-776-

Department of State Health Services

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\$110.00 03/05/2024

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	F	HSTX-4-00	00340098
specification	by informal bid, Invitation for Offer, or Re is, terms, and conditions set forth in the adv	ertisement and vendor's	Date 03/05/24	Revision Page		
guarantees grequirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n s. tts, shipping papers, invoices, and corresp irchase Order Number.	umbered purchase order	Ship To:	4546 - Austin:1100 DEPARTMENT OF 1100 W 49th St (DE PO Box 149347 Austin TX 78756 United States	F STATE HEALTH	SERVICES
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texa	s.gov	
Exempt Reason: N/A		Purchaser:	Holton,Sharonda	512	./406-2464	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
•	E-mail address: Jia.He@dshs.texas.gov	/				

5.00 EA

M-549.1, DIQUAT AND PARAQUAT

,1000 G/ML IN WATER

175-53

Schedule Total \$110.00

22.00000

FY24 310 Standards

1-1

Previous PO: HHSTX-4-0000337654

VENDOR INFORMATION:

Contact Sales orders@accustandard.com

Contact Customer Service customerservice@accustandard.com

Call Customer Service +1 203-786-5290, press 2

Call Customer Service Toll Free +1 800-442-5290, press 2

Fax: +1 203-786-5287

Hours 8:00 am 5:00 pm EST

PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756

CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO: BUILDING: Laboratory Dock - L114 FLOOR: 1st

CONTACT: Jia He PHONE #: 512-776-3366

Department of State Health Services

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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 03/05/24	Revision		Page 3		
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					United States			
Vendor:	1061182317 9 ACCUSTANDARD INC 125 MARKET ST NEW HAVEN CT 065133031 United States			Bill To:	DEPARTMENT (Austin TX 78756		
				Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov		
Exempt Reason: N/A			Purchaser:	Holton,Sharonda	ı 5	12/406-2464		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
Requester E-								
				Item '	Fotal for Line 1	\$110.00		
2-1	M-531M-PAK, CARBAMATE MIXTURE, 0.1 MG/ML	175-53	2.00	PCK	240.00000	\$480.00	03/05/2024	
					Schedule Total	\$480.00		
				Item '	Total for Line 2	\$480.00		
3-1	ESTIMATE SHIPPING	962-86	3.00	EA	50.00000	\$150.00	03/05/2024	
					Schedule Total	\$150.00		
				Item '	Γotal for Line 3	\$150.00		
				T	otal PO Amount	\$740.00		

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

Shannda Hitm, CTCD

03/05/2024