

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-5-0000340518</b>
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.			<b>Date</b> 09/01/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States
			<b>Page</b> 1

**Vendor:** 1363640402 5  
 STERICYCLE INC  
 2355 WAUKEGAN RD  
 BANNOCKBURN IL 60015-1586  
 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

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Exempt Reason:** N/A

**Purchaser:** Alvarado, Veronica

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY25 Funding  
 SP/E  
 Requisition #257694 - Pricing per Quote Received 03/06/24.  
 PO Service Dates 09/01/2024 to 08/31/2025

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2025 are automatically canceled.

**Vendor Information:**  
 Stericycle Inc  
 Joe Sagala @ 847-943-6604  
 JSagala@stericycle.com  
 [REDACTED]

**Agency Contact:**  
 Belinda Garza @ 956-364-8759  
 Belinda.Garza@dshs.texas.gov

**PCS Contact:**  
 Veronica Alvarado @ 512-406-2505  
 Veronica.Alvarado@hhs.texas.gov

1-1	MEDICAL WASTE PICKUP, COVERAGE FROM 9/1/24 THROUGH 8/31/25. SERVICE LEVEL: BUDGET PLAN, ALLOTTED 13 STOPS	948-93	12.00	MOS	345.00000	\$4,140.00	09/01/2024
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<b>Schedule Total</b>	\$4,140.00
<b>Item Total for Line 1</b>	\$4,140.00
<b>Total PO Amount</b>	\$4,140.00

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<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 2
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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**

*Veronica Alvarado, CTCR, CTCM*

**03/11/2024**