Department of State Health Services

Purchase Order

Dispatch via Print

Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-4-0000340897	
specification	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			Revision	Page 1	
guarantees g requirements All shipmen	responses become a part of this numbered oods or services delivered meet or excees. Its, shipping papers, invoices, and correctase Order Number.	d numbered purchase order	Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVI 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		
Vendor:	1263718834 8 BULLCHASE INC 3000 POLAR LANE SUITE 703 SUITE 703 USA CEDAR PARK TX 78613-3025 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE F 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	HEALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		

Exempt Reason: N/A

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

FY24 CLASS ITEM 031-46

SCOR Division- DSHS- PUBLIC HEALTH LABORATORY

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

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 5-7 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:

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO *** SHIP TO ATTN Timothy Corcoran 512-776-7581 Timothy.Corcoran@dshs.texas.gov REQUESTER Kenroy,Tami tami.kenroy@dshs.texas.gov FOR DSHS INTERNAL DELIVERY INFO:

FOR DSHS INTERNAL DELIVERY INFO: BUILDING: Laboratory Building, L114

FLOOR: 5th ROOM: L555.1

CONTACT: Timothy Corcoran PHONE #: 512-776-7581

PO BILL TO INFORMATION

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

CODE # 3063

*******INTERNAL ONLY: ATTN: DSHS CLAIMS: SEND APPROVAL REQUESTS ONLY TO LABACCOUNTING@DSHS.TEXAS.GOV******

HHSC BUYER: Debra Burns, CTPM

Direct: 512) 406-2564 CELL 832-818-3936

Debra.Burns@hhs.texas.gov

VENDOR:

Dealer VID: 12637188348 Dealer: Bullchase, Inc. Contact Name: Marianne Galea Email: info@bullchase.com Phone: (888) 558-2855

QUOTE # PRICED PER TEXAS SMART BUY

Department of State Health Services

Purchase Order

						Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WA		rchase Order		HHSTX-4-0	000340897
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			or's 03	i te /15/24	Revision Pa		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				ір То:	4546 - Austin:11 DEPARTMENT 1100 W 49th St (1		
All shipments, ship with our Purchase (ping papers, invoices, and corresp Order Number.	ondence must be id	lentified		PO Box 149347 Austin TX 78756 United States	- /	
BU 300 SUI USA CEI	3718834 8 LLCHASE INC 0 POLAR LANE SUITE 703 ITE 703 A DAR PARK TX 78613-3025 ited States		Bil	l To:	Invoice-DSHS Fit DEPARTMENT 1100 W 49th St (1 PO Box 149347 Austin TX 78756 United States	OF STATE HEALT RBB)	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.te	xas.gov	
Exempt Reason: N/	A		Pu	rchaser:	Burns,Debra A		
Line-Sch Invent	tory Item ID - Line Description	Class/Item (Quantity UOM	[PO Price	Extended Amt	Due Date
***DO NOT DULIP PURCHASING ME Procurement metho		st value is provided	using the TXM/	AS contract.			
	d Date 6/30/2024 SPO ValuePoint #8496 Terms No renewals remaining						
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 0000257824

1-1 031-46 4.00 EA 15.96000 \$63.84 03/29/2024 FILTER PAPER WICKING 8.5X8.75X1.5 2PK SPN 2PYG3 MPN Schedule Total \$63.84 $Compatible\ Manufacturer\ Model\ Number 3D6100;\ 5D6700;\ 76D100;\ CM330ABLK;\ CM330AWHT;\ CM330DBLK;\ CM330DWHT;\ D46720;\ DP3610;\ E27000;\ E35000;\ MA0300;\ MA0500;\ MA0550;\ TD6710FY24\ 388\ Filters$

Item Total for Line 1

Total PO Amount \$63.84

Department of State Health Services

Purchase Order

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	ı	HHSTX-4-00	00340897
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 03/15/24	Revision		Page 3	
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. Vendor: 1263718834 8 BULLCHASE INC 3000 POLAR LANE SUITE 703 SUITE 703 USA CEDAR PARK TX 78613-3025 United States		Ship To: Bill To:	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 Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States				
Exempt Re	ason: N/A			Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov	
pv 200				Purchaser:	Burns,Debra A		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

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

03/15/2024