Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-5-0000341037		
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/24 Ship To:	Revision Page 1 6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSION 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States		
Vendor:	1521198121 0 PHARMERICA PO BOX 409251 ATLANTA GA 30384-9251 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us		
Exempt Rea	son: CLIENT PURCHASES		Purchaser:	Augustus,Wendlyn Denett		

Quantity

UOM

PO Price

Extended Amt

Due Date

Class/Item

FY245 Funding EX/0 Legal Cite 2155.144; Client Purchase PO must not exceed \$10,000.00 Requisition 0000259376 Pricing per Quote 10,000.00

PO Service Dates: 09/01/2024-08/31/2025

Reference: FY24 PO 324118

Line-Sch

Attached Terms and Conditions apply to this Purchase Order.

Inventory Item ID - Line Description

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 and/or 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.

FY25 request for pharmacy services for LbSSLC. These services are required for medical and well-being of residents that reside at LbSSLC. Term is 09/01/2024-08/31/2025

Vendor Name: PHARMERICA Vendor ID#: 15211981210 Vendor Contact: Matthew Leib

Vendor address: PO box 409251 ATLANTA GA 30384-9251

Vendor phone: 682-217-3853

Vendor email: matthew.leib@pharmerica.com

FACILITY: LUBBOCK STATE SUPPORTED LIVING CENTER

REQ NAME: FY25 Pharmacy Services

ITEM DESCRIPTION: FY25, CH6, Pharmacy Services

Services / PO REQUEST / \$10000.00

SCOR Division: 21 HHSC Chief Program Services Office SCOR Other Subject: CH6,LbSSLC: Pharmacy Services

Program SME Name: Kyla Attebury Contact Email: kyla.attebury@hhs.texas.gov

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-5-000034103
specifications, terms	ormal bid, Invitation for Offer, or I s, and conditions set forth in the ad	dvertisement and vendor's	Date 09/01/24	Revision 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: 6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMIS 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States		
Vendor: 15	21198121.0		Rill To	Invoice - DADS

Vendor: 1521198121 0

PHARMERICA PO BOX 409251

ATLANTA GA 30384-9251

United States

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

Fax: 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

Exempt Reason: CLIENT PURCHASES

Purchaser: Augustus, Wendlyn Denett

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

Contact Phone: 806-741-3439 Facility: Lubbock SSLC

Contract Manager Name: Betty Moore, CTCM Contract Manager Email: betty.moore@hhs.texas.gov

Contract Manager Phone: 806-741-3614

VENDORS SEND INVOICES VIA EMAIL TO

710Accounting@hhsc.state.tx.us

PO BILL TO INFORMATION HHSC Health and Specialty Care System Abilene Regional Business Office Attn: Accounting Department PO Box 451 Abilene, TX 79604

CODE # 4507

Email: 710accounting@hhsc.state.tx.us

PCS Contact:

Wendlyn Augustus CTCD

Email: wendlyn.augustus@hhs.texas.gov

1-1 948-72 1.00 LOT 10000.00000 \$10,000.00 09/01/2024

Pharmacy services FY25 Services for Pharmacy Dept at CH6 LbSSLC

Schedule Total \$10,000.00

Item Total for Line 1 \$10,000.00

Total PO Amount \$10,000.00

Health and Human Services Commission

Purchase Order

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Payment T Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	I	HHSTX-5-0000341037
specification	d by informal bid, Invitation for Offer, or Re ns, terms, and conditions set forth in the adve	ertisement and ve	Date 09/01/24	Revision	Page 3	
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				Fax: Email:	325/795-3807 710Accounting@h	hsc.state.tx.us
Exempt Re	ason: CLIENT PURCHASES			Purchaser:	Augustus,Wendly	vn Denett
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
Wendly Augroles, CTCB

03/18/2024