

# 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-5-0000341072</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> 1904 - San Antonio:2303 SE Militar DEPARTMENT OF STATE HEALTH SERVICES 2303 SE Military Dr San Antonio TX 78223 United States
			<b>Page</b> 1

**Vendor:** 1451837687 7  
 TGW SUPERIORCARE MTS LLC  
 DBA SUPERIORCARE AMBULANCE  
 PO BOX 34058  
 SAN ANTONIO TX 782654058  
 United States

**Bill To:** Texas Center for Infectious Di  
 DEPARTMENT OF STATE HEALTH SERVICES  
 2303 SE Military Dr  
 San Antonio TX 78223  
 United States

**Exempt Reason:** CLIENT PURCHASES

**Purchaser:** Sprague, Jacob

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY25 funding  
 EX/0 Legal Cite 2155.144 Client Purchase  
 Requisition 260847- Pricing per attached vendor Rates

PO Service Dates 09-01-2024 to 08-31-2025  
 Goods and/or services are to be delivered and invoiced on or after September 1, 2024

Service: Ambulance Services

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 contact  
 TGW SUPERIORCARE MTS LLC  
 First and last name: Justin Salazar  
 Phone number: 210-317-2831  
 Email: Justin@superiormts.com

Agency contact  
 First and Last Name: Laura, Longoria  
 Phone number: 210-393-4039  
 Email address: laura.longoria@dshs.texas.gov  
 Invoices to GRTCIDFiscalServices@dshs.texas.gov

PCS contact  
 First and Last Name: Jacob Sprague  
 Phone number: 512-776-2320  
 Email address: Jacob.Sprague3@hhs.texas.gov

1-1	Ambulance transportation	948-12	1.00	LOT	5000.00000	\$5,000.00	09/01/2024
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**Schedule Total**           \$5,000.00

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<b>Item Total for Line 1</b>						\$5,000.00	
<b>Total PO Amount</b>						\$5,000.00	

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**

*Jacob Sprague, CTC D*

**03/18/2024**