

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000341693
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.			Date 03/25/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1904 - San Antonio:2303 SE Militar DEPARTMENT OF STATE HEALTH SERVICES 2303 SE Military Dr San Antonio TX 78223 United States
			Page 1

Vendor: 1453153734 9
AIRGAS USA LLC
PO BOX 734671
DALLAS TX 75373-0000
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: N/A

Purchaser: Remschel,Corie

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Please inform the vendors to send all their invoices to the email address GRTCIDFiscalServices@dshs.texas.gov. Once a PO is provided, can you please send me a copy the attention too. Should you have any questions regarding the requisition, please contact the attention too and CC me. Thank you.
FY24 funding
SP/E
Requisition 258978 Pricing per attached PDF Quote
PO Service Dates 03-25-2024 to 08-31-2024

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 08/31/2024 are automatically canceled.

Vendor contact
Vendor Contact Name: Javier Olmos
Vendor Contact Phone: 956-686-7622
Vendor Contact Email: javier.olmos@airgas.com

Agency contact
Laura Longoria
Laura.Longoria@dshs.texas.gov

PCS contact
Corie Remschel
Corie.remschel@hhs.texas.gov

1-1	MEDICAL OXYGEN CYLINDER SERVICE/RENTAL	430-24	1.00	LOT	500.00000	\$500.00	03/30/2024
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Schedule Total \$500.00

Item Total for Line 1 \$500.00

Total PO Amount \$500.00

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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

Corie Remschel, CTCD

03/25/2024