

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-5-0000341999
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 09/01/24
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: 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: Augustus,Wendlyn Denett

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 260857 - Pricing per attached vendor Rates: 9,900.00

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
 Justify request: We need the service to provide to our patients to get to and from.

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

Invoices to GRTCIDFiscalServices@dshs.texas.gov

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

PCS contact
 First and Last Name: Wendlyn Augustus
 Email address: wendlyn.augustus@hhs.texas.gov

1-1	patient transportation on shuttles	948-12	1.00	LOT	9900.00000	\$9,900.00	09/01/2024
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Schedule Total \$9,900.00

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Item Total for Line 1 \$9,900.00

Total PO Amount \$9,900.00

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 <i>Wendlyn Augustus, CTC D</i>	04/02/2024
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