

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-1-0000232572
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 09/01/20
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1947 - Austin:1100 W 49th St DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St PO Box 149347 Austin TX 78756 United States
			Page 1

Vendor: 1742460354 0
MATHESON TRI GAS INC
DBA MATHESON - 156
3024 N JACKSON ST
JACKSONVILLE TX 757663865
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.state.tx.us

Purchaser: Williams,Dedra 512/406-2471

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY21 Funding
OM/S
Requisition # 0000114144
Solicitation # HHS0007782

Contract # HHS000778200001
Contract Term: 9/01/2020 - 8/31/2021 with 2 Renewals POCN required for each renewal
Renewal 1 term: 09/01/2021 - 8/31/2022
Renewal 2 term: 09/01/2022 - 8/31/2023

FY21 Liquid Gas Cylinder Rental with Purchase of Lab Supplies

Total Contract Value (including renewals) must not exceed \$347,539.56

Contract Terms and Conditions apply to this Purchase Order.

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 or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2021 are automatically canceled.

Vendor: Matheson Tri-Gas, Inc.
VID: 17424603540
Contact: Jason Fulcher
Phone: 512-385-0611
Email: cmccaughan@mathesongas.com

Facility: Department of State Health Services Lab
Contact: Geoffrey Frost
Phone: 512-776-3670
Email: geoffrey.frost@dshs.texas.gov

PCS Contact: Dedra Williams
Phone: 512-406-2412
Email: dedra.williams@hhsc.state.tx.us

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	FY21 Liquid & Gas Cylinder Rental with Purchase of Lab Supplies						
Schedule Total						\$57,923.26	
Contract_ID:	HHS000778200001	Contract Line:	0	Release:	1		
Item Total for Line 1						\$57,923.26	
2-1	FY21 Liquid & Gas Cylinder Rental with Purchase of Lab Supplies	430-42	1.00	EA	0.00000	\$0.00	09/01/2020
Schedule Total						\$0.00	
Contract_ID:	HHS000778200001	Contract Line:	0	Release:	2		
Item Total for Line 2						\$0.00	
Total PO Amount						\$57,923.26	

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

Dedra Will, CTP

07/03/2020