

Dept of State Health Services

Purchase Order CHANGE ORDER

Dispatch via E-Mail

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order 53700-6-0000422304
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 02/02/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 02/05/2016
			Page 1

Vendor: 1746000717
HIDALGO COUNTY
HIDALGO COUNTY HEALTH AND HUMAN SERVICES
1304 S 25TH AVE
EDINBURG TX 78542-7205

Ship To: Human Svcs: Warehouse (HSW)
Department of State Health Services
1111 W North Loop
Austin TX 78756
United States

Bill To: Invoice-DSHS Fiscal Claims
Department of State Health Services
Claims Unit ; Mail Code 1940
PO Box 149347
Austin TX 78714
United States

Phone: 512-776-3210
Fax: 512-458-7442
Email: invoices@dshs.state.tx.us

Purchaser: Schmidt, Margaret Ruth (E) 512-406-2503

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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EX/0
Interlocal Contract ; TGC 791
Tx Government Code Title 10, Subtitle D, Chapter 2162.105

This PO is according to email from Mike Escaname dated 1/29/16.

Goods and/or services are to be delivered and invoiced after September 1, 2015.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

HHSC or the agency does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/16 are automatically cancelled.

Fiscal Year 2016 Services. No Renewals
Confirmation Order/ Do Not Duplicate

HHSC Purchasing Contact: Margaret Schmidt
Phone #: 512-406-2503 Fax #: 512-406-2686
EMAIL: margaret.schmidt@hhsc.state.tx.us

AGENCY CONTACT: Chris Moore
PHONE: 512-834-6770 x2014

VENDOR CONTACT: Mike Escaname
Email: mike.escaname@hchd.org

1-	1	Radiological Workshop-Hidalgo County between 4/1/2016 thru 6/15/2016	1.00 EA	10,000.00000	10,000.00	02/02/2016
		924-25				

Schedule Total 10,000.00

Item Total for Line 1 10,000.00

Total PO Amount 10,000.00

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No substitutions or cancellations are permitted without prior approval by Dept of State Health Services. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Dept of State Health Services reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments 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 Dept of State Health Services and Contractor to attempt to resolve all disputes arising under the contract.

<p style="margin: 0;">Authorized Signature</p> <p style="margin: 0; font-family: cursive; font-size: 1.2em;">Margaret Schmidt, C T P M</p>
