

Payment Te N/A PLEASE NC	erms: Freight Terms: N/A DTE: ADDITIONAL TERM	Ship Via: N/A IS AND COND	PCC: E ITIONS MA	PO Date: 10/12/2023 AY BE LISTED AT	_	End Date: END OF THE	PO Method DG PURCHASE		Dispatch: Dispatch Via Pr ER.	Rev Dt: int
Vendor:	SCHOOL HEALTH CORPORATION 6764 EAGLE WAY CHICAGO IL 60678-1067 United States				Ship To:			Texas Workforce Commission 4800 N LAMAR BLVD TX MC6804 CCRC RM 164 AUSTIN TX 78756 United States		
						Bill To:		APPO	@twc.texas.gov	' or
Vendor ID: Purchaser: Phone:	1362425385 003 Kelly A Hall (737) 667-5150	elly A Hall					Texas Workforce Commission 101 E 15TH ST RM 470 AUSTIN TX 78778-0001 United States			
Fax: Email:	kelly.hall@twc.texas.gov	,						тжс	Prefers Electro	nic Submission
PO Inform Per School	ation: I Health Service Center Re	equest Form								

By acceptance of this purchase order, Vendor agrees that only TWC Standard Terms Conditions Revised 05/12/2023 (ATTACHMENT I) apply to this order.

Requester Contact information: Name: Lynnette Swonke Phone No: 512-377-0327 Fax No: 512-377-0469 Email: lynnette.swonke@twc.texas.gov

Delivery Contact: Criss Cole Rehabilitation Center Attn: Lynnette Swonke 4800 N Lamar Blvd., MC 6804 Austin TX 78756

Vendor Contact: Contact Name: Mike Pusateri Phone: (866) 323-1305 x8022 Email:mpusateri@schoolhealth.com

Submit invoices via email to APPO@TWC.texas.gov and the Contract Manager listed above. PDF or Word Documents are only accepted. All Invoices must include reference to TWC Internal PO.

Change orders will be allowed only if unforeseen conditions arise such as, but not limited to, increasing or decreasing quantities or if the department needs dictate changes. All changes must be in the scope of original work. No verbal change orders will be permitted. All change orders must be in writing with a Purchase Order Change Notice (POCN) issued by Purchasing HUB Services."

Delegated Purchase \$10000 or Less

Authorized Signature	
Sonya Bebley, CTCD, CTCM Sonya BEDLEY, CTCD, CTCM	<u>10/12/2023</u>



Line-Sch: 1-1	Line Description: Calibration/Maico of Audiometers	PCA:	Class/Item: 992/55	Quantity: 2.0000	UOM: EA	Unit Price: \$100.00000	Extended Amt: \$200.00	Due Date:
							Schedule Total	\$200.00
					<u>ReqID:</u> 000004			
						Item 1	Total for Line # 1	\$200.00
Line-Sch: 2-1	Line Description: Shipping	PCA:	Class/Item: 992/55	Quantity: 1.0000	uom: Lot	Unit Price: \$75.00000	Extended Amt: \$75.00	Due Date:
								10/19/2023
					<u>ReqID:</u>		Schedule Total	\$75.00
					000004	4767		
						Item 1	Fotal for Line # 2	\$75.00
						т	otal PO Amount	\$275.00
	ts, Shipping papers, invoice prized by Purchaser prior to		ondence must b	e identified w	ith our Purcha	ase Order Numb	er. Over shipments wil	I not be accepted
MPORTAN This will be y quotation, th otherwise st OB destina PAYMENT ALL Invoic	T CONDITIONS OF ORDER your authority to deliver, in a ne articles or services listed ipulated, freight charges are ation and charges added to cannot be made until ALL es MUST match this PO by subject to TWC Terms and	R accordance w below. Conta e included in t the invoice. items on this Line Number	iners, invoices a he unit price. If v order are receive , Description, Qu	nd correspond ve previously ed, inspected	dence relative agreed to pay and accepted	to this order mu rtransportation of unless we previ	ist bear the purchase o charges, shipments are ously agreed to a partia	rder number. Unless to be made prepaid
Tax Exempt	Texas is exempt from all F ID -742764775. CITY SALES TAX EXEMP of tangible personal prope	TION CERTIF	ICATE: The und					

secured for the exclusive use of the State of Texas.

Authorized Signature	
Sonya Bebley, CTCD, CTCM Sonya BEDLEY, CTCD, CTCM	<u>10/12/2023</u>