



FULLY EXECUTED - CHANGE 10 - REPRINT
Purchase Order No: 4300693510
Original PO Effective Date: **04/16/2021**
PO Change Date: 10/21/2023
PO Issue Date: **10/21/2023**
Valid From: 04/01/2021 To 06/30/2024

Your SAP Vendor #: 138498

Please Deliver To:
DHS Torrance State Hospital
State Route 1014 - Storeroom
Torrance PA 15779 US

Supplier Name/Address:
AMERICARE SERVICES INC
2355 PHEASANT HILL LN
MALVERN PA 19355-9711 US

Please Bill To:
Save time, reduce cost, get paid faster:
Email PDF invoice to 69180@pa.gov
<https://www.budget.pa.gov/Programs/Pages/e-Invoicing.aspx>

Supplier Phone Number: 6106958521
Supplier Fax Number: 610-695-9041

Or mail paper invoice to:
Commonwealth of Pennsylvania
PO Box 69180, Harrisburg, PA 17106

Purchasing Agent

Name: Karen Caruso
Phone: 724-459-4545
Fax: 724-459-1216

Purchase Order Description:
9410 - AMERICARE - TSH - 2109

This Purchase Order is comprised of: The above-referenced Solicitation, the Suppliers Bid or Proposal, and any documents attached to this Purchase Order or incorporated by reference.

Suppliers must provide four mandatory elements on PO invoices: PO Number, Invoice Date, Invoice Number, and Invoice Gross Amount. Failure to comply will result in the return of the invoice. Additional optional information such as supplier name, address, remit to information and PO Line Item information will improve invoice processing.

Item	Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
1	Psychiatric Services- Petras	405.240	Each	04/01/2021	240.00	1	97,257.60
Item Text Dr. Petras 4/1/2021-6/30/2021							
2	Psychiatric Services- Petras	1,221.930	Each	07/01/2021	240.00	1	293,263.20
Item Text Dr. Petras 7/1/2021-6/30/2022							
3	Psychiatric Services- Petras	1,299.150	Each	07/01/2022	240.00	1	311,796.00

Information:

Total Amount:
SEE LAST PAGE FOR TOTAL OF ALL ITEMS

Currency: USD

Supplier's Signature _____

Title _____

Printed Name _____

Date _____



FULLY EXECUTED - CHANGE 10 - REPRINT

Purchase Order No: 4300693510

Original PO Effective Date: **04/16/2021**

PO Change Date: 10/21/2023

PO Issue Date: **10/21/2023**

Valid From: 04/01/2021 To 06/30/2024

Supplier Name:

AMERICARE SERVICES INC

Item	Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
------	-----------------------	-----	-----	---------------	-----------	------------	-------

Item Text

7/1/22-6/30/23

4	Psychiatric Services- Petras	833.000	Each	07/01/2023	240.00	1	199,920.00
---	------------------------------	---------	------	------------	--------	---	------------

Item Text

7/1/23-6/30/24

Field Changed: QUANTITY

Old Value: 408.000

New Value: 833.000

Field Changed: VALUE

Old Value: 97920.00

New Value: 199920.00

5	Psychiatric Services- Petras	880.000	Each	11/01/2023	240.00	1	211,200.00
---	------------------------------	---------	------	------------	--------	---	------------

Item Text

11/1/23-6/30/24

*** New Item ***

General Requirements for all Items:

Information:

Total Amount:

SEE LAST PAGE FOR TOTAL OF ALL ITEMS

Currency: USD



FULLY EXECUTED - CHANGE 10 - REPRINT
Purchase Order No: 4300693510
Original PO Effective Date: 04/16/2021
PO Change Date: 10/21/2023
PO Issue Date: **10/21/2023**
Valid From: 04/01/2021 To 06/30/2024

Supplier Name:
AMERICARE SERVICES INC

Header Text

Quantities are estimated and may increase or decrease depending on the needs of the facility

Payment Provision: The contractor will be reimbursed only for commodities/services actually accepted by the Commonwealth of Pennsylvania.

The contractor shall be paid upon satisfactory delivery/completion of work performed, and submission of an invoice on the contractor's letterhead. The invoice should contain at minimum the information listed on the sample invoice – Supplier Sample invoice can be found at <http://www.dgsweb.state.pa.us/comod/currentforms/samplesupplierinvoice.doc>

Invoices are to be submitted to the requisitioning agency comptroller at the following address:

DHS (Torrance State Hospital)
Commonwealth of PA – PO Invoice
PO Box 68180
Harrisburg, PA 17106

By email:
69180@pa.gov

A copy of the invoice is also to be mailed to:

DHS
Torrance State Hospital
PO Box 126
Torrance PA 15779

For a paperless option for the copy, please email: capalmer@pa.gov

No further information for this PO.

Information:

Total Amount:
1,113,436.80

Currency: USD