



**FULLY EXECUTED**  
 Purchase Order No: 4300744705  
 Original PO Effective Date: 10/06/2022  
 PO Issue Date: 10/07/2022  
 Valid From: 10/01/2022 To 09/30/2023

Your SAP Vendor #: 549640

**Please Deliver To:**  
 DHS Torrance State Hospital  
 State Route 1014 Attn Storeroom Greizman Bldg  
 Torrance PA 15779 US

**Supplier Name/Address:**  
 ANTHONY J MANCUSO  
 DBA ANTHONY J MANCUSO OD  
 81 HUNTER RD  
 BLAIRSVILLE PA 15717-8003 US

Supplier Phone Number: 724-675-8393

**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>

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

**Purchasing Agent**

Name: Teresa Allen  
 Phone: 717-787-9200  
 Fax: 717-787-7615

**Purchase Order Description:**  
 8512 OMHSAS\_Optomtrist Services

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	Eye Examinations - Year 1	150.000	Hour	10/01/2022	330.00	1	49,500.00
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2	Eye Examinations - Year 1	50.000	Hour	07/01/2023	330.00	1	16,500.00
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**General Requirements for all Items:****Information:**

**Total Amount:**  
 SEE LAST PAGE FOR TOTAL OF ALL ITEMS

Currency: USD

Supplier's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



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**DBA ANTHONY J MANCUSO OD**

**Header Text**

The Department of Human Services ("DHS") / Torrance State Hospital ("TSH"), State Route 1014, Torrance, PA 15779, Westmoreland County, is awarding this Purchase Order as a result from Solicitation 6100056290 for an Optometrist to provide eye examinations to meet the rehabilitative needs of the patients of TSH.

Quantities listed are estimates and may increase or decrease based on the needs of the facility.

The service period is equal to the Valid From and To Dates.

Payment Provision: The contractor will be reimbursed only for commodities/services actually accepted by the Commonwealth of Pennsylvania. Failure to submit invoices in compliance with the following instructions will result in the invoices being returned to the contractor and will substantially delay processing of payments. The contractor shall be paid upon satisfactory delivery/completion of work performed and submission of invoice on contractor's letterhead. The invoice should contain at minimum the information listed on the sample invoice.

Invoices are to be submitted monthly to the requisitioning agency at:

Torrance State Hospital  
Accounting Department  
PO Box 126  
Torrance, PA 15779

or

By email to: [choe@pa.gov](mailto:choe@pa.gov) or [capalmer@pa.gov](mailto:capalmer@pa.gov)

The following documents are incorporated by reference:

- Statement of Work
- Terms and Conditions
- DHS Addendum
- Business Associate Addendum (HIPAA)
- Audit Clause D
- Enhanced Min Wage, July 1, 2022

**Vendor Remark**

This bid includes 1 employee under full responsibility of the bidder/administrator.

**No further information for this PO.**

**Information:**

**Total Amount:**

**66,000.00**

**Currency: USD**