



**FULLY EXECUTED**  
Purchase Order No: 4300791386  
Original PO Effective Date: 11/20/2023  
PO Issue Date: 11/21/2023  
Valid From: 11/17/2023 To 10/31/2024

Your SAP Vendor #: 554573

**Please Deliver To:**  
Wernersville State Hospital  
160 Main Street  
Wernersville PA 19565 US

**Supplier Name/Address:**  
BT HEALTHCARE LLC  
4 LEXINGTON DR  
ANNVILLE PA 17003-8629 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: 7178382315

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

**Purchasing Agent**

Name: Kelly Beers  
Phone: 610.670.4128  
Fax: 610.670.4103

**Purchase Order Description:**  
9410 BT Healthcare Dr. Townsend

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	Chief of Psychiatry	1,350.000	Hour	11/17/2023	280.00	1	378,000.00
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2	Chief of Psychiatry	500.000	Hour	07/01/2024	280.00	1	140,000.00
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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 \_\_\_\_\_

Title \_\_\_\_\_

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

Date \_\_\_\_\_



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**Supplier Name:**  
**BT HEALTHCARE LLC**

**Header Text**

EP ID 37369

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 (Wernersville 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  
Wernersville State Hospital  
160 Main Street  
Wernersville, Pa. 19565

For a paperless option for the copy, please email: [capalmer@pa.gov](mailto:capalmer@pa.gov)

**No further information for this PO.**

**Information:**

**Total Amount:**

**518,000.00**

**Currency: USD**