					ALL ITEMS Currency: USD	
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Information:				Total Amount: SEE LAST PAGE FOR TOTAL OF ALL ITEMS		
	Gei	neral Requi	rements for all	Items:		
hief of Psychiatry	500.000	Hour	07/01/2024	280.00	1	140,000.00
hief of Psychiatry	1,350.000	Hour	11/17/2023	280.00	1	378,000.00
Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
ated by reference. nust provide four mandatory I result in the return of the inv	elements on PO inv voice. Additional op	voices: PO Nu	mber, Invoice Date,	Invoice Number, and	Invoice Gross Amc	unt. Failure to
Phone: 610.670.4128 Fax: 610.670.4103			9410 BT Healthcare Dr. Townsend			
Purchasing Agent Name: Kelly Beers						
:			-Commonwea	Ith of Pennsylvar		
Phone Number: 7178382315	5		Save time, re Email PDF in	educe cost, get pa voice to 69180@	pa.gov	-Invoicing.aspx
	29 US		Please Bill	το:		
Supplier Name/Address: BT HEALTHCARE LLC			160 Main Street Wernersville PA 19565 US			
P Vendor #: 554573						
			PO Issue Da	ate: 11/21/2023		
	ŝ.		Purchase	Order No: 43	300791386	Page 1 of 2
	Name/Address: LTHCARE LLC GTON DR LE PA 17003-862 Phone Number: 7178382312 ing Agent Ily Beers 0.670.4128 70.4103 ase Order is comprised of: a ated by reference. nust provide four mandatory result in the return of the inv or will improve invoice process Material/Service Desc nief of Psychiatry	Name/Address: LTHCARE LLC GTON DR LE PA 17003-8629 US hone Number: 7178382315 ing Agent ly Beers 0.670.4128 70.4103 ase Order is comprised of: The above-reference ated by reference. nust provide four mandatory elements on PO inv result in the return of the invoice. Additional op will improve invoice processing. Material/Service Qty Desc Qty Desc 1,350.000 hief of Psychiatry 500.000 Ger	Name/Address: LTHCARE LLC GTON DR LE PA 17003-8629 US thone Number: 7178382315 ing Agent ly Beers 0.670.4128 70.4103 ase Order is comprised of: The above-referenced Solicitation, ated by reference. nust provide four mandatory elements on PO invoices: PO Nur result in the return of the invoice. Additional optional information will improve invoice processing. Material/Service Qty UOM Desc nief of Psychiatry 1,350.000 Hour nief of Psychiatry 500.000 Hour General Requi	Purchase Original PO PO Issue Davaid From: 1         P Vendor #: 554573       Please Deliv Wernersvill 160 Main St Wernersvill 160 Main St Please Bill Save time, re mail pape Commonwee PO Box 6918 Dot 00000000 PO Box 6918 Po Box	Original PO Effective Date: 11/21/2023         Yaiid From: 11/17/2023 To 10         P Vendor #: 554573         Please Deliver To:         Wernersville State Hospital         100 Main Street         Wernersville PA 19565 US         THCARE LLC         GTON DR         LE PA 17003-8629 US         Please Bill To:         Save time, reduce cost, get parallely thome Number: 7178382315         Ing Agent         Ity Beers         0.670.4128         70.4103         Purchase Order is comprised of: The above-referenced Solicitation, the Suppliers Bid or Proposal, and any dated by reference.         must provide four mandatory elements on PO invoice: PO Number, Invoice Date, Invoice Number, and result in the return of the invoice. Additional optional information such as supplier name, address, remini will improve invoice processing.         Material/Service       Qty       UOM       Delivery       Net Price         Desc       Qty       UOM       280.00       Meterial/Service       280.00         Material/Service       Qty       UOM       Delivery       Net Price         Desc       1350.000       Hour       11/17/2023       280.00         Material/Service       Qty       UOM       Delivery       280.00         Material/Ser	Full.Y EXECUTED         Purchase Order No:       4300791386         Original PO Effective Date:       11/21/2023         PV endor #:       554573         P Vendor #:       554573         Name/Address:       Please Deliver To:         Wernersville State Hospital       160 Main Street         Wernersville State Hospital       160 Main Street         Wernersville PA 19565 US       Please Bill To:         Save time, reduce cost, get paid faster:       Email PDF invoice to 60180@pa.gov         hone Number:       7178382315         ing Agent       0 Box 69180, Harrisburg, PA 17106         Purchase Order Description:       9410 BT Healthcare Dr. Townsend         asee Order is comprised of:       The above-referenced Solicitation, the Supplers Bid or Proposal, and any documents attached ated by reference.         nust provide four mandatory elements on PO invoices:       PO Number, Invoice Number, and Invoice Gross Amo result in the return of the invoice. Additional optional information and will improve invoice processing.         Material/Service       Qty       UOM       Delivery       Net Price       Price Unit         uilt inter of Psychiatry       1,350.000       Hour       11/17/2023       280.00       1         Material/Service       Qty       UOM       Delivery       Net Price       Price

Date

Printed Name



 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

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

No further information for this PO.

Information:	Total Amount: 518,000.00
	Currency: USD