

Payment Terms: NET30 PLEASE NOTE:		Freight Terms: FOB DESTINATION DDITIONAL TERMS	Ship Via: TRUCK S AND CONDIT	PCC: S	PO Date: 10/09/2024 Y BE LISTED AT	PO End Date: THE END OF TH	PO Method: DG HE PURCHASE O	Dispatch: Dispatch Via P RDER.	Rev Dt: rint	
Vendor:	ARTHUR J GALLAGHER RISK MANAGEMENT SERVI 39683 TREASURY CTR CHICAGO IL 606949600 United States					Ship To:	T 11 S A		515-RECV - CENTRAL RECEIVING TEXAS STATE BOARD OF PHARMACY 1801 Congress Avenue Ste 13-100 SUITE 13-100 AUSTIN TX 78701-1319 United States	
Vendor ID: Purchaser: Phone: Fax:	David 512/3	02482 0 002 A Hardy 05-8023 05-8075				Bill To:	18 SL AL Ur	EXAS STATE BOAR 01 Congress Aven JITE 13-100 JSTIN TX 78701 nited States	RD OF PHARMACY ue Ste 13-100	
	Bill To Fax:									
Email:	David.Hardy@pharmacy.texas.gov				Bill To Email:		ACCT.PAY@PHARMACY.TEXAS.GOV			
PO Informa	ation:									
Ship to Co	mment	ts:								
Line-Sch: 1-1	Prer insu Cov	Description: nium for auto liability rance. erage from 11/1/24 t 1/25.		Class/lt 953/33	em: Quantity: 1.0000	UOM: LOT	Unit Price: \$44,118.19000 Sc	Extended Amt: \$44,118.19 hedule Total	Due Date: 10/09/2024 \$44,118.19	
Item Total for Line # 1 \$44,118										
Total PO Amount \$44,118.19 All Shipments, Shipping papers, invoices and correspondence must be identified with our Purchase Order Number. Over shipments will not be accepted										

unless authorized by Purchaser prior to Shipment.