



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
Delivery Order

Order Date: 05-13-2022

CORRECT ORDER NUMBER MUST APPEAR
 ON ALL PACKAGES, INVOICES, AND
 SHIPPING PAPERS. QUESTIONS
 CONCERNING THIS ORDER SHOULD BE
 DIRECTED TO THE DEPARTMENT
 CONTACT.

| | | | |
|------------------------------|------------------------------------|---------------------------------|--|
| Order Number: | CDO 0506 3722 BPH2100000006 6 | Procurement Folder: | 816008 |
| Document Name: | CO 1 | Reason for Modification: | CO 1 - To cancel remaining balance per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO. |
| Document Description: | Cancellation of remaining balance. | | |
| Procurement Type: | Central Delivery Order | | |
| Buyer Name: | Jessica L Hovanec | | |
| Telephone: | 304-558-2314 | | |
| Email: | jessica.l.hovanec@wv.gov | | |
| Shipping Method: | Best Way | Master Agreement Number: | CMA 0212 TEMP21A 6 |
| Free on Board: | FOB Dest, Freight Prepaid | | |

| VENDOR | | DEPARTMENT CONTACT | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------------|---------------------|------------------|---------------------|---------------|----|----|--------|---|----|----|--|--|----|----|--|--|----|----|--|--|
| Vendor Customer Code: | 000000204796 | Requestor Name: | Forrest D Daniel | | | | | | | | | | | | | | | | | | | | |
| WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INC 710 CENTRAL AVE | | Requestor Phone: | (304) 356-4057 | | | | | | | | | | | | | | | | | | | | |
| CHARLESTON WV 25302-1702 | | Requestor Email: | forrest.d.daniel@wv.gov | | | | | | | | | | | | | | | | | | | | |
| US | | <div style="font-size: 48px; font-weight: bold;">22</div> <div style="font-weight: bold;">FILE LOCATION _____</div> | | | | | | | | | | | | | | | | | | | | | |
| Vendor Contact Phone: | 304-205-7970 | | | Extension: | 205 | | | | | | | | | | | | | | | | | | |
| Discount Details: | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table> | | | | Discount Allowed | Discount Percentage | Discount Days | #1 | No | 0.0000 | 0 | #2 | No | | | #3 | No | | | #4 | No | | |
| | Discount Allowed | | | Discount Percentage | Discount Days | | | | | | | | | | | | | | | | | | |
| #1 | No | 0.0000 | 0 | | | | | | | | | | | | | | | | | | | | |
| #2 | No | | | | | | | | | | | | | | | | | | | | | | |
| #3 | No | | | | | | | | | | | | | | | | | | | | | | |
| #4 | No | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

| INVOICE TO | SHIP TO |
|--|--|
| PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH CENTRAL FINANCE 350 CAPITOL ST, RM 206 CHARLESTON WV 25301-3717 US | PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH CENTRAL FINANCE 350 CAPITOL ST, RM 206 CHARLESTON WV 25301-3717 US |

| | |
|----------------------------|-------------------|
| Total Order Amount: | \$9,694.50 |
|----------------------------|-------------------|

Purchasing Division's File Copy

ENTERED

| |
|--|
| PURCHASING DIVISION AUTHORIZATION DATE: <i>Murphy 5/20/2022</i> ELECTRONIC SIGNATURE ON FILE |
|--|

| |
|--|
| ENCUMBRANCE CERTIFICATION DATE: <i>Beverly Tolson 5-20-2022</i> ELECTRONIC SIGNATURE ON FILE |
|--|

Extended Description:

Change Order 1 is issued to reduce the hours on delivery order from 2068 to 575 (actual used hours) per attached document:

Original Contract Total: \$35,709.48
Change Order 1 Decrease: (\$26,014.98)
New Contract Total: \$ 9,694.50

| Line | Commodity Code | Quantity | Unit | Unit Price | Total Price |
|--------------|----------------|--------------|----------|---------------|-------------|
| 1 | 80111600 | 575.00000 | HOUR | \$16.8600 | \$9,694.50 |
| Service From | Service To | Manufacturer | Model No | Delivery Date | |
| 2021-01-04 | 2022-01-03 | | | | |

Commodity Line Description: Administrative Services Assistant II

Extended Description:

***Administrative Services Assistant II
Central Finance
01/04/21-01/03/22
TEMP21A

See Synopsis Award Pages for contract pricing.

To cancel remaining quantity balance to bring the dollar amount to zero per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO.

| Line | Commodity Code | Quantity | Unit | Unit Price | Total Price |
|--------------|----------------|--------------|----------|---------------|-------------|
| 2 | 80111600 | 0.00000 | HOUR | \$25.2900 | \$0.00 |
| Service From | Service To | Manufacturer | Model No | Delivery Date | |
| 2021-01-04 | 2022-01-03 | | | | |

Commodity Line Description: Administrative Services Assistant II - Overtime Worked

Extended Description:

Line item is for the Overtime Rate based on CL1 Unit price x 1.5 (time and a half)
***Administrative Services Assistant II
Central Finance
01/04/21-01/03/22
TEMP21A

See Synopsis Award Pages for contract pricing.

To cancel remaining quantity balance to bring the dollar amount to zero per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF CENTRAL FINANCE

Jim Justice
Governor

350 Capitol Street, Room 206
Charleston, WV 25301

Bill J. Crouch
Cabinet Secretary

May 2, 2022

West Virginia Association of Rehabilitation Facilities, Inc.
710 Central Ave.
Charleston, WV 25302

Re: Cancellation of Remaining Balance
PO#: CDO BPH2100000006

Dear Vendor:

The above referenced Purchase Order in the amount of \$35,709.48 was issued on December 16, 2020. We are requesting your approval to cancel the remaining balance of \$26,014.98 that still exists on purchase order# CDO BPH2100000006.

Your signature on the line below will acknowledge that you concur with this action and there are no outstanding invoices against this purchase order. Please mail this letter back to my attention at the address above, or email to me at April.N.Ray@wv.gov. Failure to receive written exception to this cancellation by June, 2, 2022, will also constitute your concurrence with our cancellation plan.

This cancellation does not impact current or future contracts which you may have with this office. It pertains to this specific purchase order only.

If you have questions or need additional information, please email me at April.N.Ray@wv.gov.

Sincerely,

Ok
Althea Greenhow

April Ray
Bureau for Public Health

DocuSigned by:

Tara Martinez

38DD08D0CE684EF...

Signature

5/6/2022

Date

WV Association of Rehabilitation Facilities Inc.
Transaction List by Customer
 All Transactions

| | Type | Date | Num | P. O. # | Memo | Paid | Open Balance | Amount |
|--|---------|------------|--------|----------|------|--------|--------------|-----------------|
| TS DHHR BPH Central Finance Morris, Jeannie | Invoice | 01/31/2021 | 114448 | BPH21*06 | | Paid | | 775.56 |
| | Invoice | 02/28/2021 | 115063 | BPH21*06 | | Paid | | 615.39 |
| | Invoice | 03/31/2021 | 115643 | BPH21*06 | | Paid | | 775.56 |
| | Invoice | 04/30/2021 | 116190 | BPH21*06 | | Paid | | 969.45 |
| | Invoice | 05/31/2021 | 116867 | BPH21*06 | | Paid | | 269.76 |
| | Invoice | 05/31/2021 | 117012 | BPH21*06 | | Paid | | 455.22 |
| | Invoice | 06/30/2021 | 117476 | BPH21*06 | | Unpaid | 1,062.18 | 1,062.18 |
| | Invoice | 07/31/2021 | 117896 | BPH21*06 | | Paid | | 851.43 |
| | Invoice | 08/31/2021 | 118747 | BPH21*06 | | Paid | | 893.58 |
| | Invoice | 09/30/2021 | 119353 | BPH21*06 | | Paid | | 691.26 |
| | Invoice | 10/31/2021 | 120189 | BPH21*06 | | Paid | | 876.72 |
| | Invoice | 11/30/2021 | 120775 | BPH21*06 | | Paid | | 623.82 |
| | Invoice | 12/31/2021 | 121193 | BPH21*06 | | Paid | | 834.57 |
| | | | | | | | | <u>9,694.50</u> |