

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-1-0000253325
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/01/21
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1957 - Austin:1100 W 49th St HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Austin TX 78756 United States
			Page 1

Vendor: 3304304304 2
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
BUDGET AND INTERNAL ACCOUNTING
PO BOX 13186
AUSTIN TX 787113186
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: Invoice@DSHS.TEXAS.GOV

Purchaser: Freeman, Lisa M 512/406-2567

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY21 funding
EX/0 - add legal cite
Requisition 148212

TAC §391.205 (b) (6) Intergovernmental transfer;
(IAC, ILC, Utilities)

Attached Terms and Conditions apply to this Purchase Order

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2021 are automatically canceled.

Vendor contact
VID 3304304304
Comptroller of Public Accounts of Texas

Facility contact
Karen Nafe
Karen.Nafe@hhs.texas.gov
Scor Division Name: Information Technology

PCS contact
Lisa Freeman
512-406-2567
Lisa.freeman@hhsc.state.tx.us

1-1	CTCM LICENSE RENEWAL FOR JAMES ARLDT	924-25	1.00	EA	50.00000	\$50.00	03/02/2021
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Schedule Total \$50.00

Item Total for Line 1 \$50.00

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Total PO Amount \$50.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By

Lisa M Freeman, CTCD, CTCM

03/01/2021