Health and Human Services Commission

Purchase Order

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Payment Terms Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-2-000028052 Revision Pag		
specifications, ter	d by informal bid, Invitation for Offer, or Request for Proposal; all ns, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor		01/28/22			i ag
guarantees goods requirements.	s or services delivered meet or exc	rrespondence must be identified	Ship To:	2099 - Austin:909 V HEALTH & HUMA 909 W 45th St (DHE	AN SERVICES CO	OMMISSION
	ase Order Number.	rrespondence must be identified		Bldg 2 Austin TX 78751 United States		
	1541912608 9 IMMIXTECHNOLOGY INC 8444 WESTPARK DR STE 200 MC LEAN VA 221025112 United States		Bill To:	Business Operations HEALTH & HUMA 909 W 45th St (DHE Ste 236 Austin TX 78751 United States	AN SERVICES CO	OMMISSION
			Purchaser:	Duran,Yvette		
Line-Sch Inv	ventory Item ID - Line Descripti	ion Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
Purchase Order	r Term Coverage:	ntinued availability of lawful one	ropriations by the Taxa	e Lagielatura and m	ay be canceled	at any time in
Purchase Order This purchase or whole or part wi order. The agen automatically ca Purchase order	r Term Coverage: order is contingent upon the con ithout penalty. HHS or the ager ncy shall be obligated to pay for anceled.	ntinued availability of lawful app ncy does not commit to ordering r only those goods actually orde cas Government Code §2157.06 ner by attachment or reference	specific quantities of g red and received by the	oods or dollar amou	unts with respect s not utilized by (to this purchas 08-31-2022 are
Purchase Order This purchase of whole or part wi order. The agen automatically ca Purchase order associated docu Vendor Informa Vendor: Immix [¬] Contact Name: Email: Brian.Stu	r Term Coverage: order is contingent upon the con ithout penalty. HHS or the ager ncy shall be obligated to pay for anceled. • issued in accordance with Tex uments are included herein eith ttion: Technology Inc Brian Stutts utts@immixgroup.com	ncy does not commit to ordering r only those goods actually orde as Government Code §2157.06	specific quantities of g red and received by the	oods or dollar amou e agency. Any funds	unts with respect s not utilized by (to this purchas 08-31-2022 are
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Purchase Order This purchase or whole or part wi order. The agen automatically ca Purchase order associated docu Vendor Informa Vendor: Immix Contact Name: Email: Brian.Stu Number: 770-62 Agency #: 529 Contact Name: Email: Dwayne. HHSC-PCS Pur PHONE: (512) 4 EMAIL: Yvette.	r Term Coverage: order is contingent upon the con- ithout penalty. HHS or the ager ncy shall be obligated to pay for anceled. • issued in accordance with Tex- uments are included herein eith ttion: Technology Inc Brian Stutts utts@immixgroup.com 25-7661 .Austin@hhs.texas.gov rchasing Contact: Yvette Dura	ncy does not commit to ordering r only those goods actually orde cas Government Code §2157.06 her by attachment or reference	specific quantities of g red and received by the	oods or dollar amou e agency. Any funds	unts with respect s not utilized by (to this purchas 08-31-2022 are
Purchase Order This purchase or whole or part wi order. The agen automatically ca Purchase order associated docu Vendor Informa Vendor: Immix Contact Name: Email: Brian.Stu Number: 770-62 Agency #: 529 Contact Name: Email: Dwayne. HHSC-PCS Pur PHONE: (512) 4 EMAIL: Yvette.I PCS-111-Terms	r Term Coverage: order is contingent upon the cou- ithout penalty. HHS or the ager hcy shall be obligated to pay for anceled. • issued in accordance with Tex- uments are included herein eith tion: Technology Inc Brian Stutts utts@inmixgroup.com 25-7661 • Austin@hhs.texas.gov rchasing Contact: Yvette Durat 406-2644 Duran02@hhs.texas.gov	ncy does not commit to ordering r only those goods actually orde cas Government Code §2157.06 her by attachment or reference	specific quantities of g red and received by th 88, and	oods or dollar amou e agency. Any funds	unts with respect s not utilized by (to this purchas 08-31-2022 are J6C5D0 . All
This purchase of whole or part wi order. The agen automatically ca Purchase order associated docu Vendor Informa Vendor: Immix [–] Contact Name: Email: Brian.Stu Number: 770-62 Agency #: 529 Contact Name: Email: Dwayne. HHSC-PCS Pur PHONE: (512) 4 EMAIL: Yvette.I PCS-111-Terms	r Term Coverage: order is contingent upon the cou- ithout penalty. HHS or the ager ncy shall be obligated to pay for anceled. r issued in accordance with Tex- uments are included herein eith ttion: Technology Inc Brian Stutts utts@immixgroup.com 25-7661 .Austin@hhs.texas.gov rchasing Contact: Yvette Durate 406-2644 Duran02@hhs.texas.gov s and Conditions	ncy does not commit to ordering r only those goods actually orde tas Government Code §2157.06 her by attachment or reference	EA	oods or dollar amou e agency. Any funds VENDOR QUOTE #	unts with respect s not utilized by 0 #QUO-1261365- #QUO-1261365- #QUO-1261365-	to this purchas 08-31-2022 are J6C5D0 . All

Health and Human Services Commission

Purchase Order

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Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	2-0000280523
specifications, t	informal bid, Invitation for Offer, or R erms, and conditions set forth in the ad	vertisement and vendor's	Date 01/28/22	Revision	Page 2
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	2099 - Austin:909 W 45th St (DHB) HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St (DHB) Bldg 2 Austin TX 78751 United States	
Vendor:	1541912608 9 IMMIXTECHNOLOGY INC 8444 WESTPARK DR STE 200 MC LEAN VA 221025112 United States		Bill To:	Business Operations and Financ HEALTH & HUMAN SERVIC 909 W 45th St (DHB) Ste 236 Austin TX 78751 United States	

				Purch	naser: Duran, Yve	ette	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	8603924-000 WorkForce Ready Accruals	195-67	3600.00	EA	.51000	\$1,836.00	01/28/2022
					Schedule Total	\$1,836.00	
					Item Total for Line 2	\$1,836.00	
3-1	9999800-800AAA WorkForce Ready Setup Fee - One time	963-39	1.00	EA	5625.00000	\$5,625.00	01/28/2022
					Schedule Total	\$5,625.00	
					Item Total for Line 3	\$5,625.00	
					Total PO Amount	\$18,477.00	

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	
Greece Diran, CTCD	
7	02/02/2022

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