

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-3-0000292043
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 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States
			Page 1

Vendor: 1205864896 0
INTER AMERICAN INTERPRETING SERVICES LLC
10164 RAIN CLOUD DR
EL PASO TX 799275024
United States

Bill To: Invoice-DSHS Accounts Payable
DEPARTMENT OF STATE HEALTH SERVICES
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Fax: 972/551-8052
Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Coleman,Rosetta V 512/406-2677

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 funding

EX/0 Legal Cite 2155.144 Client Purchase

PO must not exceed \$10,000.00

Requisition 0000194000

Pricing per Quote Dated March 16,2022

PO Service Dates 09/01/2022 to 08-31-2023

Services to be performed: Sign Language Interpretation

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/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor contact
1205864896
Inter American Interpreting Service LLC

First and Last Name: Gerardo Castillo
Phone number: 915-534-5324
Email address: signlanguageinterp@hushmail.com

Agency contact

Contract Manager:
Name: Louis Corral
Phone number: 915-534-5324
Email address: Louis.Corral@hhs.texas.gov

Lead Contact:
Elizabeth Acosta
Phone: 325-795-3413
Email: Elizabeth.Acosta@hhs.texas.gov

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-3-0000292043
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 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States

Vendor: 1205864896 0
INTER AMERICAN INTERPRETING SERVICES LLC
10164 RAIN CLOUD DR
EL PASO TX 799275024
United States

Bill To: Invoice-DSHS Accounts Payable
DEPARTMENT OF STATE HEALTH SERVICES
1200 E Brin
PO Box 70
Terrell TX 75160
United States

Fax: 972/551-8052
Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Coleman,Rosetta V 512/406-2677

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

PCS contact: Rosetta Coleman,CTCM, CTCM
Phone number: (512)-406-2677
Email address: rosetta.coleman03@hhs.texas.gov

1-1	Service, Sign Language Interpretation	961-92	1.00	LOT	5000.00000	\$5,000.00	09/01/2022
-----	---------------------------------------	--------	------	-----	------------	------------	------------

Schedule Total \$5,000.00


Item Total for Line 1 \$5,000.00

Total PO Amount \$5,000.00

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 	06/23/2022
--	-------------------