

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-3-0000293798
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 1
		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: 1841114039 7
DISH NETWORK LLC
PO BOX 94063
PALATINE IL 600944063
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: Griffin,Valerie 512/406-2458

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding

SP/E - PO must not exceed \$10,000

Requisition: 0000190825

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

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

First and Last Name:
Phone number:
Email address:

Agency Contact

First and Last Name: Myra Rubio
Phone number: 915.782.6388
Email address: Myra.Rubio@hhs.texas.gov
Facility: EPSSLC

Agency Contract Manager: Estela Dorado
Phone Number: 915.782.6309
Email Address: Estela.Dorado@hhs.texas.gov

PCS Contact

First and Last Name: Valerie Griffin
Phone number: 512.06.2458
Email address: Valerie.Griffin@hhs.texas.gov

1-1	FY23 SATELLITE SERVICES FOR CH5-EPSSLC Account Number: [REDACTED]	915-24	1.00	LOT	4900.00000	\$4,900.00	09/01/2022
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Schedule Total \$4,900.00

Item Total for Line 1 \$4,900.00

Total PO Amount \$4,900.00

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

Valerie Griffin, CTCD, CTCM

07/11/2022