Health and Human Services Commission

Purchase Order

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Payment Terms	Freight Terms	Ship Via	Dunch and Carlos		Dispa HHSTX-3-00	tch via Print
Net 30 Prepaid & Allow BEST WAY 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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Purchase Order Date 09/01/22	Revision	000295505 Page 1	
			Ship To:		055 8751	
LE 28 CH	dor: 1411815880 8 Bill To: LEXISNEXIS RISK SOLUTIONS FL INC 28330 NETWORK PL CHICAGO IL 60673-1283 United States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.	.state.tx.us	
Line-Sch Inver	ntory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Connell,Ron Lee	e Extended Amt	Due Date
FY23 funding IT/I Requisition: 19262	20 erm Coverage: 09/01/22-08/31/	/23				
Goods and/or serv This purchase ord whole or part with	vices are to be delivered and inv er is contingent upon the contin out penalty. HHS or the agency v shall be obligated to pay for or	voiced after September 1, 2022 nued availability of lawful appro does not commit to ordering s	priations by the Texa pecific quantities of g	goods or dollar amo	ounts with respect	to this purchase
Purchase order is: associated docum	sued in accordance with Texas ents are included herein either	Government Code §2157.068, by attachment or reference	DIR-LGL-CALIR-01	B-VENDOR QUOT	ſE #LexisNexis Ris	sk Solutions . Al
Vendor Informatio Vendor: LexisNexi						

Vendor: LexisNexis Risk Solutions Contact Name: Amber Dresbach Email: amber.dresbach@lexisnexisrisk.com Phone: 937-761-8365

Agency #: 529 Contact Name: Mary Fuller Number: +1 (512) 420-2843 Email: mary.fuller@hhs.texas.gov

HHSC-PCS Purchasing Contact: Ron Connell, CTCD PHONE: (512) 406-2666 EMAIL: ron.connell@hhs.texas.gov

1-1	FY23 LexisNexis 19 users @ 49.23 per user - Account #	956-35	1.00	YR	11224.44000	\$11,224.44	09/01/2022
					Schedule Total	\$11,224.44	
					Item Total for Line 1	\$11,224.44	

Health and Human Services Commission

Purchase Order

			-	Dispatch via Print
Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-3-0000295565
s, and conditions set forth in the advert	tisement and vendor's	Date 09/01/22	Revision	Page 2
services delivered meet or exceed nur	nbered purchase order	Ship To: d	1470 - Austin:4601 W Guadal HEALTH & HUMAN SERVIG 4601 W Guadalupe St PO Box 149055 Austin TX 78751 United States	
1411815880 8 LEXISNEXIS RISK SOLUTIONS FL INC 28330 NETWORK PL CHICAGO IL 60673-1283 United States		Bill To:	HEALTH & HUMAN SERVICES COM HEALTH & HUMAN SERVICES COM 4601 W Guadalupe St Austin TX 78751 United States	
		Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us	
	Class/Item Quantit	Purchaser:	Connell,Ron Lee	
	rmal bid, Invitation for Offer, or Requ s, and conditions set forth in the adver es become a part of this numbered pur services delivered meet or exceed num ping papers, invoices, and correspo Order Number. 11815880 8 XISNEXIS RISK SOLUTIONS FL II 330 NETWORK PL IICAGO IL 60673-1283	rmal bid, Invitation for Offer, or Request for Proposal; all s, and conditions set forth in the advertisement and vendor's es become a part of this numbered purchase order. Contractor services delivered meet or exceed numbered purchase order ping papers, invoices, and correspondence must be identifie Order Number. 11815880 8 XISNEXIS RISK SOLUTIONS FL INC 330 NETWORK PL IICAGO IL 60673-1283	rmal bid, Invitation for Offer, or Request for Proposal; all s, and conditions set forth in the advertisement and vendor's es become a part of this numbered purchase order. Contractor services delivered meet or exceed numbered purchase order ping papers, invoices, and correspondence must be identified Order Number. I1815880 8 XISNEXIS RISK SOLUTIONS FL INC 330 NETWORK PL IICAGO IL 60673-1283 ited States Fax: Email:	Tranal bid.Invitation for Offer, or Request for Proposal; all s, and conditions set forth in the advertisement and vendor's es become a part of this numbered purchase order.Date 09/01/22Revisionping papers, invoices, and correspondence must be identified Order Number.Date 09/01/229/01/229/01/22Ship To:1470 - Austin:4601 W Guadal HEALTH & HUMAN SERVIG 4601 W Guadalupe St PO Box 149055 Austin TX 78751 United States11815880 8 XISNEXIS RISK SOLUTIONS FL INC 330 NETWORK PL IICAGO IL 60673-1283 ited StatesBill To:Invoice-HHSC Accounting HEALTH & HUMAN SERVIG 4601 W Guadalupe St Austin TX 78751 United StatesFax:512/424-6901 HHSC_AP@hhsc.state.tx.us

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 Reef. 07/22/2022