Health and Human Services Commission

Purchase Order

						Dispa	tch via Print
Payment Terms Net 30	Prepaid & Allow	Ship Via BEST W	AY	Purchase Order		HHSTX-3-0	
specifications, te	informal bid, Invitation for Offer, or Requerns, and conditions set forth in the adver onses become a part of this numbered pur	Date 09/01/22	RevisionPage 14113 - Austin:4601 W Guadalupe StHEALTH & HUMAN SERVICES COMMISSION4601 W Guadalupe St				
guarantees good requirements.	s or services delivered meet or exceed nur	Ship To:					
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					Austin TX 78751 United States		
Vendor:	1753094983 7 RESOURCE INTEGRATORS LLC PMB 294 7301 N RANCH ROAD 620 STE 155 AUSTIN TX 787264537 United States			Bill To:		1	OMMISSION
				Email:	itsainvoices@hł	isc.state.tx.us	
				Purchaser:	Costley,Sarah	E	
Line-Sch Ir	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
This purchase whole or part w purchase orde 08-31-2023 ard Purchase orde Vendor contac Audrey Launey 512-425-0975 dir@resourcei Agency contac Charilette Man	tes 09-01-2022 to 08-31-2023 order is contingent upon the continuer <i>i</i> thout penalty. HHS or the agency do r. The agency shall be obligated to pay a automatically canceled. r issued in accordance with Texas Go t ntegrators.com t	es not commit to y for only those	o ordering s goods and/	pecific quantities of g or services ordered a	oods/services o	r dollar amounts with	h respect to this
PCS contact Sarah Costley Sarah.costley@	⊉hhs.texas.gov						
A 3	Y23AUGR Pos# 9158 Staff Aug Name: rjun Geereddy - Title: Systems Analyst -Term: 09/01/2022-08/31/2023 CACE ompliance - HCM	962-69	2016.00		106.00000	\$213,696.00	09/01/2022
				Sche	dule Total	\$213,696.00	
				Item Total	for Line 1	\$213,696.00	

Health and Human Services Commission

Purchase Order

					Dispatch via Print		
Payment Ter Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order		FX-3-0000295687		
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			Date 09/01/22	Revision Page 2			
guarantees go requirements. All shipment	s, shipping papers, invoices, and correspo	mbered purchase order	Ship To:	ip To: 4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSI 4601 W Guadalupe St Austin TX 78751			
with our Purchase Order Number.				United States			
Vendor:	1753094983 7 RESOURCE INTEGRATORS LLC PMB 294 7301 N RANCH ROAD 620 STE 155 AUSTIN TX 787264537 United States		Bill To:	IT/ITBO PC/IT Staff Augn HEALTH & HUMAN SER 4601 W Guadalupe St Austin TX 78751 United States			
			Email:	itsainvoices@hhsc.state.tx.	us		
			Purchaser:	Costley,Sarah E			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ty UOM	PO Price Exter	nded Amt Due Date		
			Total P	Total PO Amount \$213,696.00			

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	
South Cally cres	07/22/2022