## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3	3-0000300737
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.			<b>Date</b> 09/01/22	Revision	<b>Page</b> 1
			Ship To: 2794 - San Antonio:11307 Rosz HEALTH & HUMAN SERVICE 11307 Roszell PO Box 23990 San Antonio TX 78217 United States		
Vendor: 1841114039 7 DISH NETWORK LLC PO BOX 94063 PALATINE IL 600944063 United States			Bill To:	Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES COMMIS: 11307 Roszell PO Box 23990 San Antonio TX 78217 United States	
			Fax: Email:	210/619-8272 Reg08_Admin_Services@hhsc.sr	tate.tx.us

Purchaser:Lyncook, Shawn Patrick512/406-2685Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

FY23 Funding SP/E

Requisition 205687 Pricing per Quote: \$63.69 per month

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.

PCS contact Shawn 'Patrick' LynCook 512-406-2685 shawn.lyncook@hhs.texas.gov

R08 FY23 SPOT PURCHASE FOR ANNUAL BASIS CABLE- DISH CABLE NETWORK SERVICE AT 11307 ROSZELL SAN ANTONIO TX 78217

SEND PO AND CPO TO CM MARCIE GONZALEZ 210 619-8025 MARCELINA.GONZALES@HHS.TEXAS.GOV

CONTRACT MANAGER: CAROLINA DONADO, 210 619-8177; CAROLINA.DONADO@HHS.TEXAS.GOV

SCOR DIVISION: 13-HHSC SYSTEM SUPPORT SERVICES

PURCHASE ORDER TERM 9/1/2022 TO 8/31/2022

VENDOR; 1841114039 DISH NETWORK LLC

1-1 915-83 1.00 LOT 1000.00000 \$1,000.00 09/20/2022

R08 FY23 SPOT PURCHASE FOR ANNUAL BASIS CABLE- DISH CABLE NETWORK SERVICE AT 11307 ROSZELL SAN ANTONIO TX 78217

Schedule Total	\$1,000.00
Item Total for Line 1	\$1,000.00

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erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST W <i>A</i>	Y Pur	rchase Order		HHSTX-3-0	0000300737
ns, terms, and conditions set forth in the adve	or's 09/0		Revision		<b>Page</b> 2	
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1841114039 7 DISH NETWORK LLC PO BOX 94063 PALATINE IL 600944063 United States		Bill	То:	Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES COMMIS. 11307 Roszell PO Box 23990 San Antonio TX 78217 United States		COMMISSION
			Fax: Email:	210/619-8272 Reg08_Admin_Services@hhsc.state.tx.us		.tx.us
		Pur	chaser:	Lyncook,Shaw	n Patrick	512/406-2685
	Prepaid & Allow by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the advergesponses become a part of this numbered proods or services delivered meet or exceed not.  Its, shipping papers, invoices, and correspondence Order Number.  1841114039 7 DISH NETWORK LLC PO BOX 94063 PALATINE IL 600944063	Prepaid & Allow  BEST WA by informal bid, Invitation for Offer, or Request for Proposal; a is, terms, and conditions set forth in the advertisement and vendo responses become a part of this numbered purchase order. Contro oods or services delivered meet or exceed numbered purchase or s. its, shipping papers, invoices, and correspondence must be id irchase Order Number.  1841114039 7 DISH NETWORK LLC PO BOX 94063 PALATINE IL 600944063	Prepaid & Allow BEŜT WAY  by informal bid, Invitation for Offer, or Request for Proposal; all is, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor goods or services delivered meet or exceed numbered purchase order s.  Its, shipping papers, invoices, and correspondence must be identified irchase Order Number.  Bill 114039 7 DISH NETWORK LLC PO BOX 94063 PALATINE IL 600944063 United States	Prepaid & Allow BEŜT WAY  by informal bid, Invitation for Offer, or Request for Proposal; all st, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor coods or services delivered meet or exceed numbered purchase order s.  Its, shipping papers, invoices, and correspondence must be identified irchase Order Number.  Bill To:  Bill To:  Fax: Email:	Prepaid & Allow BEST WAY  by informal bid, Invitation for Offer, or Request for Proposal; all is, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor oods or services delivered meet or exceed numbered purchase orders.  Its, shipping papers, invoices, and correspondence must be identified rechase Order Number.  Bill To:  Bill To:  Invoice-HHSC F. HEALTH & HU. 11307 Roszell PO Box 23990 San Antonio TX United States  Bill To:  Invoice-HHSC F. HEALTH & HU. 11307 Roszell PO Box 23990 United States  Fax: 210/619-8272 Email: Reg08_Admin_5	by informal bid, Invitation for Offer, or Request for Proposal; all st, terms, and conditions set forth in the advertisement and vendor's responses become a part of this numbered purchase order. Contractor cods or services delivered meet or exceed numbered purchase order s.  Its, shipping papers, invoices, and correspondence must be identified richase Order Number.  I841114039 7 DISH NETWORK LLC PO BOX 94063 PALATINE IL 600944063 United States  Bill To:  Bill To:  Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES Or 11307 Roszell PO Box 23990 San Antonio TX 78217 United States  Fax: 210/619-8272 Email: Reg08_Admin_Services@hhsc.state

**Total PO Amount** \$1,000.00

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

And etco, etcm

09/20/2022