## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

512/406-2416

Extended Amt

**Due Date** 

| Net 30                                       | Prepaid & Allow                                                                                                                                                                   | BEST WAY Purchase Order  | HHSTX-3-0000307054                                                                                                              |  |  |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--|
| specification                                | by informal bid, Invitation for Offer, or Request for<br>s, terms, and conditions set forth in the advertisemen                                                                   | nt and vendor's 12/20/22 | Revision Page                                                                                                                   |  |  |
| guarantees go<br>requirements<br>All shipmen | responses become a part of this numbered purchase coods or services delivered meet or exceed numbered is.  ts, shipping papers, invoices, and correspondence rehase Order Number. | purchase order Snip 10:  | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States  |  |  |
| Vendor:                                      | 3304304304 2<br>TEXAS COMPTROLLER OF PUBLIC ACCO<br>BUDGET AND INTERNAL ACCOUNTING<br>PO BOX 13186<br>AUSTIN TX 787113186<br>United States                                        | Bill To:<br>UNTS         | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States |  |  |
|                                              |                                                                                                                                                                                   | Fax:<br>Email:           | 512/458-7442 invoices@dshs.texas.gov                                                                                            |  |  |

**Purchaser:** 

**UOM** 

A ba, Yvonne E

PO Price

FY23 funding
EX/0 TGC 771

Requisition 0000214058- Pricing per Quote 375.00 PO Services Dates 12/20/2022 to 8/31/2023

Attached Terms and Conditions apply to this Purchase Order

**Inventory Item ID - Line Description** 

Freight Terms

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

Quantity

Class/Item

Vendor Contact TEXAS COMPTROLLER OF PUBLIC ACCOUNTS 111 E 17TH ST AUSTIN, TX 787740001

Agency Contact Leslie Stark 512-776-2736 leslie.stark@dshs.texas.gov

Payment Terms

Line-Sch

PCS Contact Yvonne Alba 512-406-2416 yvonne.alba@hhs.texas.gov

## **Department of State Health Services**

## **Purchase Order**

Dispatch via Print

| Payment To<br>Net 30                                                                                                                                                                                                                                                                                                                                                                                                                                            | erms Freight Terms Prepaid & Allow   | Ship V<br>BEST |                      | Purchase Order                                                                                                                  |                                                                                                                                 | HHSTX-3-000030      | 7054 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------|------|
| 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> 12/20/22 | Revision Pa  6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States |                                                                                                                                 | Page<br>2           |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                | Ship To:             |                                                                                                                                 |                                                                                                                                 | ON                  |      |
| Vendor: 3304304304 2 TEXAS COMPTROLLER OF PUBLIC ACC BUDGET AND INTERNAL ACCOUNTING PO BOX 13186 AUSTIN TX 787113186 United States                                                                                                                                                                                                                                                                                                                              |                                      |                |                      | Bill To:                                                                                                                        | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States |                     | CES  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                |                      | Fax:<br>Email:                                                                                                                  | 512/458-7442 invoices@dshs.texas.gov                                                                                            |                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                |                      | Purchaser:                                                                                                                      | A ba,Yvonne E                                                                                                                   | 512/406-24          | 16   |
| Line-Sch                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Inventory Item ID - Line Description | Class/Item     | Quantity             | UOM                                                                                                                             | PO Price                                                                                                                        | Extended Amt Due Da | ite  |

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
yoonne alba, c7CM

12/20/2022