

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307831
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 01/05/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 1

Vendor: 1223022041 5
INTELLIGENT DIRECT INC
PO BOX 119
WELLSBORO PA 169010119
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

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Prince,Sheana Denea 512/406-2548

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding
IT/D
NIGP 715/35
Requisition: 0000214022

PO Service Dates 01/06/2023 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:
Intelligent Direct Inc
Jorge Azpilicueta
(570) 724-9109
jorge.azpilicueta@intelligentdirect.com

Agency Contact:
Tina Gaitan
(512) 776-3688
Tina.Gaitan@dshs.texas.gov

PCS Contact:
Sheana Prince, CTCD
(512) 406-2548
Sheana.Prince@hhs.texas.gov

1-1	FY23 TeleAtlas Zip Code Data	715-35	1.00	EA	1125.00000	\$1,125.00	01/06/2023
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Schedule Total \$1,125.00

****Invoice Attached****

Send all invoices to Agency Contact:
AGENCY CONTACT: Romey Armstrong

Department of State Health Services

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PHONE: 512-776-2267
EMAIL: Romey.armstrong@dshs.texas.gov

CAPPS SCOR Division name - DSHS - Assistant Deputy Commissioner

Vendor Information:
GbBIS
10 First St.
WELLSBORO PA 169010119
Phone: 570-724-9109
Email: jorge.azpilicueta@intelligentdirect.com


Item Total for Line 1 \$1,125.00

Total PO Amount \$1,125.00

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 	01/06/2023
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