## Health and Human Services Commission

## Purchase Order

						Dispat	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY		Purchase Order		HHSTX-3-00	00307905
specifications, te	nformal bid, Invitation for Offer, or Requ rms, and conditions set forth in the adver		<b>Date</b> 01/06/23	Revision		<b>Page</b> 1	
guarantees goods requirements.	onses become a part of this numbered pur s or services delivered meet or exceed num		Ship To: 1938 - Austin:701 W 3   HEALTH & HUMAN 701 W 51st St		701 W 51st St UMAN SERVICES CO	MMISSION	
	hipping papers, invoices, and correspo ase Order Number.	ed		Austin TX 78751 United States			
Vendor: 3304304304 2 TEXAS COMPTROLLER OF PUBLIC ACCOUNTS BUDGET AND INTERNAL ACCOUNTING PO BOX 13186 AUSTIN TX 787113186 United States				Bill To:	Specialized Health Services, F HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St Austin TX 78751 United States		MMISSION
				Email:	mary.burnside@	<pre>@hhs.texas.gov</pre>	
				Purchaser:	De La Rosa,H		
Line-Sch In	ventory Item ID - Line Description	Class/Item Quant	ity U(	OM	PO Price	Extended Amt	Due Date
Requisition 215 Attached Terms This purchase of whole or part w purchase order 08-31-2023 are Vendor contact	s and Conditions apply to this Purchas order is contingent upon the continuer ithout penalty. HHS or the agency do . The agency shall be obligated to pay automatically canceled.	se Order. d availability of lawful a es not commit to order	ing spec	cific quantities of g	oods/services c	or dollar amounts with	respect to this
Agency contact Caterria Anders Caterria.Anders							
PCS contact Heather De La Heather.DeLaR	Rosa Rosa@hhs.texas.gov						
1-1 C1	ICM renewal - Caterria Anderson	963-64 1.	.00 LC	DT	75.00000	\$75.00	12/20/2023
				Schee	lule Total	\$75.00	
				Item Total f	or Line 1	\$75.00	
				Total PC	) Amount	\$75.00	

## **Health and Human Services Commission**

## **Purchase Order**

					Dispatch via Print	
Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	STX-3-0000307905	
specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	ertisement and vendor's	Date 01/06/23	Revision	<b>Page</b> 2	
guarantees go requirements All shipmen	esponses become a part of this numbered p bods or services delivered meet or exceed a ts, shipping papers, invoices, and corres rchase Order Number.	numbered purchase order	Ship To:	1938 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St Austin TX 78751 United States		
Vendor:	3304304304 2 TEXAS COMPTROLLER OF PUBLIC ACCOUNTS BUDGET AND INTERNAL ACCOUNTING PO BOX 13186 AUSTIN TX 787113186 <b>United States</b>		Bill To:	Specialized Health Services, F HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St Austin TX 78751 United States		
			Email:	mary.burnside@hhs.texa	s.gov	
			Purchaser:	De La Rosa, Heather M		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Ex	tended Amt Due Date	

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	
Heathy Duth Rod, CTCD	<u>01/06/2023</u>