## **Health and Human Services Commission**

#### **Purchase Order**

Payment Terms Freight Terms Ship Vi	ia		Dispatch via Pri			
Net 30 Prepaid & Allow BEST V		er	HHSTX-3-000030913			
If advertised by informal bid, Invitation for Offer, or Request for Proposal specifications, terms, and conditions set forth in the advertisement and very	ndor's 01/30/23	Revision				
conforming responses become a part of this numbered purchase order. Con guarantees goods or services delivered meet or exceed numbered purchase requirements. All shipments, shipping papers, invoices, and correspondence must be with our Purchase Order Number.	e order Sinp 10:	HEALTH & HU 1111 W North L Austin TX 78756	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States			
with our Purchase Order Number.		United States				
Vendor: 1741916673 5 PRO-ED INC PO BOX 679029 DALLAS TX 752679029 United States	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States				
	Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us			
	Purchaser:	Farris,Lilly K	512/406-2452			
Line-Sch Inventory Item ID - Line Description Class/Item	Quantity UOM	PO Price	Extended Amt Due Date			
Ship to several locations in Texas to the Contractor for evaluation p Tammy Miller will furnish the ship to information, Phone #512-438-5 Email: tammy.miller@hhs.texas.gov Procurement Type: Competitive, Direct Publication - Proprietary (DI	5433					
"Direct Publication - Not available from any other source" Event #HHS00012899	r /Nj					
Requisition #: HHSTX-3-0000217304 Original Requisition #: HHSTX-3-0000208762						
See above for SHIP TO ADDRESS ON PO						
AGENCY DELIVERY CONTACT: Name: Mary Burnside Facility: HHSC Austin Office Phone #: 512-731-6038 Email: mary.burnside@hhs.texas.gov						
HHSC PCS CONTACT for Purchaser: Lilly Farris, CTCD Phone: 512-406-2452 Email: lilly.farris@hhs.texas.gov						
Please find a copy of our standard terms and conditions attached.						
VENDOR INFORMATION: Vendor Name: PRO-ED Inc						

Vendor Name: PRO-ED Inc Contact: Joshua Jeffrey Phone: 800-897-3202 Email: bids@proedinc.com Email: blum@proedinc.com

Freight Terms are FOB Destination Prepaid and Allowed/Add Terms: Net 30

# Health and Human Services Commission

# Purchase Order

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Tet 30 advertised b pecifications onforming re uarantees go equirements. Il shipment	Prepaid & Allow	Ship V	ia			•		
pecifications onforming re uarantees go equirements. Il shipments		BEST	WAY	Purchase Date		HHSTX-3-0		
uarantees go equirements. Il shipment:	, terms, and conditions set forth in the adve	formal bid, Invitation for Offer, or Request for Proposal; all ns, and conditions set forth in the advertisement and vendor's ses become a part of this numbered purchase order. Contractor				Revision     Pag       6694 - Austin:1111 W North Loop       HEALTH & HUMAN SERVICES COMMISSION       1111 W North Loop       Austin: TX 79256		
ith our Pur	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			Ship To:	HEALTH & HU			
	chase Order Number.				United States	0		
Vendor: 1741916673 5 PRO-ED INC PO BOX 679029 DALLAS TX 752679029 United States				HEAI 4601 Austii		ice-HHSC Accounting ALTH & HUMAN SERVICES COMMISSION W Guadalupe St in TX 78751 ed States		
				Fax: Emai	512/424-6901 HHSC_AP@hhs	512/424-6901 HHSC_AP@hhsc.state.tx.us		
				Purchase	: Farris,Lilly K	5	12/406-2452	
ine-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
-1	DAYC-2 Paper Scoring Form, #13747, Adaptive Behavior	785-90	1.00	LOT	20250.00000 Schedule Total	\$20,250.00 \$20,250.00	02/28/2023	
-1		785-90	1.00	Ite	n Total for Line 1		02/28/2023	
	DAYC-2, Paper Scoring Form, #13748, Cognitive	785-90	1.00		21600.00000	\$21,600.00	02/28/2023	
		785-90	1.00	LOT	21600.00000 Schedule Total	\$21,600.00 \$21,600.00	02/28/2023	
-1		785-90 785-90	1.00	LOT	21600.00000	\$21,600.00 \$21,600.00	02/28/2023	
-1	Cognitive			LOT	21600.00000 Schedule Total n Total for Line 2 20250.00000	\$21,600.00 \$21,600.00 \$21,600.00 \$20,250.00		
-1	Cognitive DAYC-2, Paper Scoring Form, #13749,			LOT Iter LOT	21600.00000 Schedule Total n Total for Line 2	\$21,600.00 \$21,600.00 \$21,600.00 \$20,250.00 \$20,250.00		

# **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

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Payment Te Net 30	Prepaid & Allow	Ship V BEST	WAY	Pur	chase Order		HHSTX-3-0	000309134	
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		Revision		Page 3		
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.				Ship To:		6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States			
Vendor:	1741916673 5 PRO-ED INC PO BOX 679029 DALLAS TX 752679029 <b>United States</b>			Bill To:		Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States			
			Fax: Email:		512/424-6901 HHSC_AP@hhsc.state.tx.us				
				Pure	chaser:	Farris,Lilly K		12/406-2452	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
4-1	DAYC-2, Paper Scoring Form, #13750, Physical Development	785-90	1.00	LOT	21	600.00000	\$21,600.00	02/28/2023	
					Sche	Schedule Total \$21,600.00			
					Item Total	for Line 4	\$21,600.00		
5-1	DAYC-2, Paper Scoring Form, #13752, Communication	785-90	1.00	LOT	21	600.00000	\$21,600.00	02/28/2023	
					Schedule Tot		\$21,600.00		
				Item Total for Line		for Line 5	\$21,600.00		
6-1	DAYC-2, Paper Scoring Forms, Shipping	785-90	1.00	LOT	5	500.00000	\$5,500.00	02/28/2023	
					Sche	dule Total	\$5,500.00		
					Item Total	for Line 6	\$5,500.00		
					Total P	O Amount	\$110,800.00		

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

Lilly Famice, CTCD

01/30/2023