Department of State Health Services

Purchase Order

Dispatch via Print

D (T	T 1 1 1 m	GLI XII			
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000310248	
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 02/15/23	Revision Page	
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:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States	
Vendor:	1320574278 9 INTEROPERABILITY BIDCO INC DBA RHAPSODY 100 HIGH ST SUITE 1560 BOSTON MA 02110 United States		Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States	
			Fax: Email:	512/206-4854 IT_invoicing@hhs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item Ouantity	Purchaser: UOM	Arellano,Delia PO Price Extended Amt Due Date	

FY23 funding IT/D Requisition 217077 PO Service Dates 03/01/2023 - 02/28/2024

Previous PO #281035

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.

	42789						
1-1	RHAPSODY SUBSCRIPTION (4) DEVELOPMENT LICENSE (NEDDS) 50 COMMUNICATION POINTS EACH	956-35	1.00	EA	19197.08000	\$19,197.08	02/15/2023
					Schedule Total	\$19,197.08	

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Line-Sch	Inventory Item ID - Line Description	Class/Item (Quantity	UOM	PO Price Extended Amt Due Date	
			Item Total f	for Line 1\$19,197.08		
				Total PC	D Amount \$19,197.08	

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

Delia arellano, CTCM, CTCD

02/17/2023