Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			W 0 000004000E	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000310625	
	mal bid, Invitation for Offer, or		Date	Revision	Page	
	and conditions set forth in the a		02/22/23		1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	1947 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL)		
All shipments, shipping papers, invoices, and correspondence must be identified						
with our Purchase C	order Number.			PO Box 149347 Rm L-655		
				Austin TX 78756		
				United States		
			_			

Vendor: 1271433889 9

ACCRUENT LLC

11500 ALTERRA PKWY STE 110

USA

AUSTIN TX 78758-3191

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: Mullan, Susan

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 funding

DP/K Direct Publication Not available from any other source

Requisition 216726 Pricing per Quote Q-235769-5

PO Service Dates 9/26/22 to 9/25/2023

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

Accruent LLC

(512) 861-0726

www.accruent.com/

Agency contact

Jeff Meyer

512-776-7567

jeff.meyer@dshs.texas.gov

Agency Contract Manager

Lisa Newlin, CTCM

Phone: 512-776-3021

Email: Lisa.Newlin@DSHS.texas.gov

PCS contact

Department of State Health Services

Purchase Order

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BEST WAY

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specification	by informal bid, Invitation for Offer, or Recast, terms, and conditions set forth in the adve	Date 02/22/23	Revision	Page 2				
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Vendor:	1271433889 9 ACCRUENT LLC 11500 ALTERRA PKWY STE 110 USA AUSTIN TX 78758-3191 United States			Bill To:	Invoice-DSHS Fi DEPARTMENT 1100 W 49th St (PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH SERVICES (RBB)		
				Fax: Email	512/458-7442 invoices@dshs.te	xas.gov		
				Purchaser				
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
Susan Mull	an							
512-406-25	575							
susan.mulla	an@hhs.texas.gov							
1-1	FY23 - Annual Subscription to CMMS (TMS Online) - QTY 1 - EA - \$6,500 Annually	208-36	1.00	EA	6500.00000	\$6,500.00	02/22/2023	
					Schedule Total	\$6,500.00		
				Iten	1 Total for Line 1	\$6,500.00		
					Total PO Amount	\$6,500.00		

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	
Swambulan FTCD, CTCM.	

02/22/2023