

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000312275</b>
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.			<b>Date</b> 03/16/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 5716 - San Antonio:7430 Louis Past DEPARTMENT OF STATE HEALTH SERVICES 7430 Louis Pasteur Dr San Antonio TX 78229 United States

**Vendor:** 1223695478 5  
SHI GOVERNMENT SOLUTIONS INC  
STE 375  
1301 S MO PAC EXPY  
AUSTIN TX 787466916  
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:** Arriaga,Samantha Danielle

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

FY23 Purchase

Procurement Type: IT/I  
Requisition: 0000220233  
PO Service Dates: 03/16/2022 - 03/31/2024

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 03/31/2024 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068

Contract: DIR-TSO-4288

Quote: 23102275

Agency Contact:  
Name: Anna Munoz Rodriguez  
Email: anna.munozrodriguez@dshs.texas.gov

Purchaser Information:  
Name: Samantha Arriaga  
Email: Samantha.Arriaga@hhs.texas.gov

Vendor: SHI Government Solutions  
Vendor Contact: Jonathan Gaudet  
Vendor Phone: (800) 870-6079, Option 2  
Email: Jonathan\_Gaudet@SHI.com

1-1	FY23-Tableau Software License-Anna Munoz Rodriguez Tableau - Creator (Server) Part#: 200001773 Contract Name: Products and Related	920-07	1.00	EA	833.70000	\$833.70	03/16/2023
-----	---	--------	------	----	-----------	----------	------------

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000312275</b>
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.			<b>Date</b> 03/16/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 2
			<b>Ship To:</b> 5716 - San Antonio:7430 Louis Past DEPARTMENT OF STATE HEALTH SERVICES 7430 Louis Pasteur Dr San Antonio TX 78229 United States

**Vendor:** 1223695478 5  
SHI GOVERNMENT SOLUTIONS INC  
STE 375  
1301 S MO PAC EXPY  
AUSTIN TX 787466916  
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:** Arriaga,Samantha Danielle

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

Services (Carahsoft)  
Note: 12 Months

**Schedule Total**                     \$833.70

**Item Total for Line 1**                     \$833.70

**Total PO Amount** \$833.70

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**

*Samantha Arriaga, CTCD, CTCM*

**03/16/2023**