Department of State Health Services

Purchase Order

Dispatch via Print

						Dispatch via Frint
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WA	Y	Purchase Order	HHS	TX-3-0000312420
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			or's	Date 03/17/23	Revision	Page 1
			der	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSIO 1111 W North Loop Austin TX 78756 United States	
Vendor:	1742000666 4 TEXAS STATE DIRECTORY INC 1800 NUECES ST AUSTIN TX 787112186 United States			Bill To:	Invoice-DSHS Fiscal Clain DEPARTMENT OF STAT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
				Purchaser:	Prince,Sheana Denea	512/406-2548
Line-Sch	Inventory Item ID - Line Description	Class/Item Q	Quantity U	JOM	PO Price Exter	nded Amt Due Date

FY23 Funding IT/D NIGP 956/35 Requisition: 0000221992

PO Service Dates 03/20/2023 to 08/31/2023

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: Texas State Directory Inc Julie Sayers 512-477-5698 julie@txdirectory.com

Agency Contact: Michele Torres (512) 776-3538 Michele.Torres@dshs.texas.gov

PCS Contact: Sheana Prince, CTCD (512) 406-2548 Sheana.Prince@hhs.texas.gov

1-1	ONLINE TEXAS STATE DIRECTORY SUBSCRIPTION	956-35	1.00	EA	125.00000	\$125.00	03/31/2023
					Schedule Total	\$125.00	

Item Total for Line 1 \$125.00

Department of State Health Services

Purchase Order

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00	000312420
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 03/17/23	Revision F 6694 - Austin:1111 W North Loop F HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
			Ship To:		
Vendor:	1742000666 4 TEXAS STATE DIRECTORY INC 1800 NUECES ST AUSTIN TX 787112186 United States	Т		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
Line Sek	Inventory Item ID Line Description	Class/Itom Quantity	Purchaser:		12/406-2548
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Email: Purchaser: UOM	invoices@dshs.texas.gov	12/406-2548 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	
Sheana Prince, CTCD	<u>03/20/2023</u>

Dispatch via Print