Health and Human Services Commission

Purchase Order

					Dispa	tch via Print
Payment Tern Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase	Order	HHSTX-3-0	000312734
If advertised by specifications,	r informal bid, Invitation for Offer, or Requ terms, and conditions set forth in the advert ponses become a part of this numbered pur	est for Proposal; all tisement and vendor's	Date 03/22/23	Revision		Page 1
guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	HEALTH & 1609 Centre		OMMISSION
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			ea	Austin TX 7 United State		
Vendor:	3304304304 2 TEXAS COMPTROLLER OF PUBLIC 111 E 17TH ST AUSTIN TX 787740001 United States	ACCOUNTS	Bill To:		78751	OMMISSION
			Fax: Email	512/206-485 : IT_invoicing	54 g@hhs.texas.gov	
			Purchaser	: Naiser,Tori		
Line-Sch l	nventory Item ID - Line Description	Class/Item Quant		PO Price	Extended Amt	Due Date
Requisition 00 PO Service D This purchase whole or part purchase orde 08-31-2023 a Vendor conta	ates 03/22/2023 to 08-31-2023 e order is contingent upon the continued without penalty. HHS or the agency do or. The agency shall be obligated to pay re automatically canceled. Ct PTROLLER OF PUBLIC ACCOUNTS 4304 s.gov ct	es not commit to order	ing specific quanti	ties of goods/service	es or dollar amounts with	respect to this
	CTCM CERTIFICATION RENEWAL TEE	963-64 1.	00 EA	50.00000	\$50.00	04/03/2023
			Iter	Schedule Total		
				Total PO Amount	\$50.00	

Health and Human Services Commission

Purchase Order

						Dispatch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-3-0000312734
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 03/22/23	Revision	Page 2
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:	Y932 - Austin:1609 Centre Creek HEALTH & HUMAN SERVICES COMMISSION 1609 Centre Creek Austin TX 78754 United States		
Vendor:	3304304304 2 TEXAS COMPTROLLER OF PUBLIC 111 E 17TH ST AUSTIN TX 787740001 United States	C ACCOUNTS		Bill To:	Invoice-HHSC M HEALTH & HUI 4601 W Guadalu Austin TX 78751 United States	MAN SERVICES COMMISSION pe St
				Fax: Email:	512/206-4854 IT_invoicing@hl	hs.texas.gov
				Purchaser:	Naiser,Tori	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt 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	
Tori Naise, CTCD	<u>03/22/2023</u>