

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312743
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.			Date 03/22/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

Vendor: 3479479479 1
STATE OFFICE OF RISK MANAGEMENT
300 W 15TH ST FL 6
AUSTIN TX 787011649
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: Wright, Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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fY23 funding
EX/0 TGC 771

Requisition 0000223590 Pricing per Quote 11.00

PO Service Dates 03/22/2023 to 08-31-2023

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
Vendor: State Office of Risk Management
vendor ID: 347947949
300 West 15th Street Floor 6
Austin, Texas 78701-1649
512/406-2424
notary@sorm.texas.gov

Agency contact
Agency Contact: Laura McCarty
Phone: 512/834-6660
Email: Laura.McCarty@dshs.texas.gov

PCS Contact:
Byron Wright CTCD
512-406-2512
Byron.Wright@hhs.texas.gov

1-1	Initial notary request for Crystal Gallegos	963-24	1.00	EA	11.00000	\$11.00	03/31/2023
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Schedule Total \$11.00

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

Vendor: 3479479479 1
STATE OFFICE OF RISK MANAGEMENT
300 W 15TH ST FL 6
AUSTIN TX 787011649
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: Wright, Byron Carl 512/406-2512

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
						Item Total for Line 1	\$11.00
2-1	Initial notary request for Risha Pollard	963-24	1.00	EA	11.00000	\$11.00	03/31/2023
						Schedule Total	\$11.00
						Item Total for Line 2	\$11.00
						Total PO Amount	\$22.00

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

Byron Wright, CT09

03/22/2023