

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000313150</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><br>03/27/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |
|  |   |                             | <b>Page</b><br>1  |

**Vendor:** 1223695478 5  
SHI GOVERNMENT SOLUTIONS INC  
STE 375  
1301 S MO PAC EXPY  
AUSTIN TX 787466916  
United States

**Bill To:** Invoice-HHSC MC2065  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/206-4854  
**Email:** IT\_invoicing@hhs.texas.gov

**Purchaser:** Chavez,Rafael

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

FY23 Funding  
IT/D  
Requisition: 0000222282

Coverage Term: 03-28-2023 to 03-26-2024  
Quote: 23173806

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.

Purchase order issued in accordance with Texas Government Code §2157.068.  
Attached Terms and Conditions apply to this Purchase Order.

**Vendor Contact:**  
SHI Government Solutions  
Lauren Allen  
732-868-6210  
lauren\_allen@shi.com

**Agency Contact:**  
Jonathan Mora  
512-788-7070  
jonathan.mora@hhs.texas.gov

**PCS Purchaser Contact:**  
Steven Chavez, CTCD, CTCM  
512-712-5002  
Rafael.chavez@hhs.texas.gov

**Invoicing and Payment:** The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

|     |  |        |      |    |            |            |            |
|-----|--|--------|------|----|------------|------------|------------|
| 1-1 | HL7 SOUP EDITOR/VIEWER<br>VERSION 3.5 HL7 SOUP - NOTE: 10<br>USERS | 920-14 | 1.00 | EA | 4326.00000 | \$4,326.00 | 03/27/2023 |
|-----|--|--------|------|----|------------|------------|------------|

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|  |   |                             | <b>Page</b><br>2  |

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**Purchaser:** Chavez,Rafael

| Line-Sch                     | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date   |
|------------------------------|--------------------------------------|------------|----------|-----|----------|--------------|------------|
| <b>Schedule Total</b>        |                                      |            |          |     |          |              | \$4,326.00 |
| <b>Item Total for Line 1</b> |                                      |            |          |     |          |              | \$4,326.00 |
| <b>Total PO Amount</b>       |                                      |            |          |     |          |              | \$4,326.00 |

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**

*Steven Chavez*  
CTCD, CTCH

**03/28/2023**