

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-3-0000314017
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 04/05/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States

Vendor: 1453689374 7
INTEGRATEUS LLC
2900 N QUINLAN PARK RD STE 240
AUSTIN TX 787326085
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: Parks, Michael David 512/406-2497

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding
IT/I
Requisition: 0000228829
PO Service Dates: 04/05/2023 thru 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 System or the System 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 actually ordered and received by the agency.

Any funds not utilized by 08/31/2023 are automatically canceled. This Purchase Order issued in accordance with Texas Government Code §2157.068 and the DIR Contract DIR-CP0-4577.

Vendor Contact
First and Last Name: Sai Kumar
Phone Number: 512-948-3141
E-mail Address: itsac@integrateus.com

Agency Contact
First and Last Name: Maricella Perez
Phone Number: 737-867-8717
E-mail Address: maricella.perez@hhs.texas.gov AND it_staff_aug@hhsc.state.tx.us

HHSC-PCS Contact
First and Last Name: Michael D. Parks, CTCD
Phone Number: 512-406-2497
E-mail Address: michael.parks@hhs.texas.gov

//*
Attached: DIR-CPO-4577 Appendix A - Standard Contract Terms and Conditions
Attached: HHS System UTC AFFIRMATION UNDER DIR CC

1-1	FY23AUG Pos# C005083 Staff Aug of Business Analyst 2 for APP-ADC-WCMS Web Content Management System-Maintenance: Name: Ilza Garcia Term: 04/05/2023 thru 08/31/2023	962-69	856.00	HR	98.21000	\$84,067.76	04/05/2023
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Schedule Total \$84,067.76

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
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Item Total for Line 1 \$84,067.76

Total PO Amount \$84,067.76

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  , CTCD	04/05/2023
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