Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000314187	
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 04/10/23	Revision Page 1	
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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	Vendor: 1742768479 4 MICROASSIST INC BLDG 4 STE 225 8500 SHOAL CREEK BLVD AUSTIN TX 787577591 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: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Mclearen,Trevor	

FY23 funding SP/E Requisition 0000225358 Pricing per registration form

Attached Terms and Conditions apply to this Purchase Order.

Inventory Item ID - Line Description

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.

Quantity

UOM

Class/Item

PO Price

Extended Amt

Due Date

Vendor contact MICROASSIST Training Division training@microassist.com 512-794-8440

Line-Sch

Agency contact Michele Torres michele.torres@dshs.texas.gov 512.695.9575

PCS contact Trevor McLearen trevor.mclearen@hhs.texas.gov

Department of State Health Services

Purchase Order

Dispatch via Print

Payment T		Ship Via			OTV 0 00	00044407
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	H	<u> 1HSTX-3-00</u>	0031418 <i>1</i>
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	ns, terms, and conditions set forth in the adv		04/10/23	2		
	responses become a part of this numbered p	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION			
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with our 1 t	archase Order Number.		United States			
Vendor:	1742768479 4		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB)		
vendor.	MICROASSIST INC		DIN 10.			
	BLDG 4 STE 225					
	8500 SHOAL CREEK BLVD			PO Box 149347		
	AUSTIN TX 787577591			Austin TX 78756		
	United States			United States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		
			Purchaser:	Mclearen, Trevor		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant	ity 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

LARI ACHWORTH - CTEID, CTCM

04/11/2023