## Health and Human Services Commission

## **Purchase Order**

| Net 30   | ns Freight Terms  | Ship Via                    |                         |   |                            | 0000444=  |  |
|--|---|-----------------------------|-------------------------|---|----------------------------|-----------|--|
|  | Prepaid & Allow   | BEST WAY                    | Purchase Order          | - Devel 1   | HHSTX-3-0                  |           |  |
| specifications,  | y informal bid, Invitation for Offer, or Re-<br>terms, and conditions set forth in the adve   | ertisement and vendor's     | <b>Date</b><br>04/12/23 | Revision  |                            | Pag       |  |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |   |                             | Ship To:                | 4113 - Austin:4601 W Guadalupe St<br>HEALTH & HUMAN SERVICES COMMISSION<br>4601 W Guadalupe St<br>Austin TX 78751 |                            |           |  |
| viui our Purc  | hase Order Number.  |                             |                         | United States   |                            |           |  |
| Vendor:  | 1200098882 9<br>INNOSOUL INC<br>24 FAIRFIELD AVE<br>ALBANY NY 122053459<br><b>United States</b>   |                             | Bill To:                | Invoice-HHSC 4<br>HEALTH & HU<br>4601 W Guadalı<br>Austin TX 7875<br>United States                                | JMAN SERVICES CO<br>upe St | OMMISSION |  |
|  |   |                             | Fax:<br>Email:          | 512/424-6901<br>HHSC_AP@hhs   | sc.state.tx.us             |           |  |
|  |   |                             | Purchaser:              | Jiminian,Mia R  | avae                       |           |  |
| Line-Sch   | Inventory Item ID - Line Description  | Class/Item Quantity         | UOM                     | PO Price  | Extended Amt               | Due Date  |  |
| ourchase ord<br>08-31-2023 a   | without penalty. HHS or the agency d<br>er. The agency shall be obligated to p<br>re automatically canceled.  | ay for only those goods and | /or services ordered a  |   |                            |           |  |
| ourchase ord<br>08-31-2023 a<br>Purchase ord<br>NNOSOUL I<br>Vendor Conta<br>CHRIS WALT  | er. The agency shall be obligated to p<br>are automatically canceled.<br>ler issued in accordance with Texas G<br>NC<br>act<br>FER  | ay for only those goods and | /or services ordered a  |   |                            |           |  |
| purchase ord<br>08-31-2023 a<br>Purchase ord<br>INNOSOUL I<br>Vendor Conta<br>CHRIS WALT<br>512-400-075  | er. The agency shall be obligated to p<br>are automatically canceled.<br>ler issued in accordance with Texas G<br>NC<br>act<br>FER  | ay for only those goods and | /or services ordered a  |   |                            |           |  |
| purchase ord<br>08-31-2023 a<br>Purchase ord<br>INNOSOUL I<br>Vendor Conta<br>CHRIS WALT<br>512-400-075<br>SUPPORT@<br>Agency Conta  | er. The agency shall be obligated to p<br>are automatically canceled.<br>ler issued in accordance with Texas G<br>NC<br>act<br>FER<br>5<br>INNOSOUL.COM                             | ay for only those goods and | /or services ordered a  |   |                            |           |  |
| purchase ord<br>08-31-2023 a<br>Purchase ord<br>INNOSOUL I<br>Vendor Conta<br>CHRIS WALT<br>512-400-075<br>SUPPORT @<br>Agency Conta<br>ANGELA LOI<br>ANGELA.LOI<br>PCS contact<br>Mia Jiminian @  | er. The agency shall be obligated to p<br>are automatically canceled.<br>ler issued in accordance with Texas G<br>NC<br>act<br>FER<br>5<br>INNOSOUL.COM<br>ract:<br>PEZ             | ay for only those goods and | /or services ordered a  |   |                            |           |  |
| purchase ord<br>08-31-2023 a<br>Purchase ord<br>INNOSOUL I<br>Vendor Conta<br>CHRIS WALT<br>512-400-0755<br>SUPPORT@<br>Aggency Conta<br>ANGELA LOI<br>ANGELA.LOI<br>PCS contact<br>Mia Jiminian<br>Mia Jiminian<br>4/14/23 PCS  | er. The agency shall be obligated to p<br>ire automatically canceled.<br>ler issued in accordance with Texas G<br>NC<br>act<br>TER<br>5<br>INNOSOUL.COM<br>PEZ<br>PEZ@hhs.texas.gov | ay for only those goods and | /or services ordered a  |   |                            |           |  |

## **Health and Human Services Commission**

## **Purchase Order**

|                                |   |                             |   |  | Dispa                    | tch via Print    |
|--------------------------------|---|-----------------------------|---|--|--------------------------|------------------|
| Payment Ter<br>Net 30          | rms Freight Terms<br>Prepaid & Allow  | <b>Ship Via</b><br>BEST WAY | Purchase Order  |  | HHSTX-3-00               | 000314472        |
| specifications                 | by informal bid, Invitation for Offer, or Rec<br>, terms, and conditions set forth in the adve  | rtisement and vendor's      | <b>Date</b><br>04/12/23   | Revision   |                          | <b>Page</b><br>2 |
| guarantees go<br>requirements. |   | Ship To:                    | 4113 - Austin:4601 W Guadalupe St<br>HEALTH & HUMAN SERVICES COMMI<br>4601 W Guadalupe St |  | OMMISSION                |                  |
|                                | s, shipping papers, invoices, and corresp<br>chase Order Number.                                |                             | Austin TX 78751<br>United States  |  |                          |                  |
| Vendor:                        | 1200098882 9<br>INNOSOUL INC<br>24 FAIRFIELD AVE<br>ALBANY NY 122053459<br><b>United States</b> |                             | Bill To:  | Invoice-HHSC A<br>HEALTH & HUN<br>4601 W Guadalu<br>Austin TX 78751<br>United States | MAN SERVICES CC<br>pe St | OMMISSION        |
|                                |   |                             | Fax:<br>Email:  | 512/424-6901<br>HHSC_AP@hhsc   | e.state.tx.us            |                  |
|                                |   |                             | Purchaser:  | Jiminian,Mia Ra  |                          |                  |
| Line-Sch                       | Inventory Item ID - Line Description  | Class/Item Quantity         | UOM   | PO Price   | Extended Amt             | Due Date         |
|                                |   |                             | Item Total for Line 1 \$107,008.00  |  |                          |                  |
|                                |   |                             | Total P   | O Amount   | \$107,008.00             |                  |

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 |            |
|---------------|------------|
|               |            |
|               |            |
| 11. 1         |            |
|               |            |
| , creb        | 04/10/2022 |
| /             | 04/18/2023 |
|               |            |
|               |            |
|               |            |