Health and Human Services Commission

Purchase Order

Payment Te	erms Freight Terms	Ship Via			2.004	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0	000314680
specification	by informal bid, Invitation for Offer, or Reas, terms, and conditions set forth in the adv	Date 04/14/23	Revision		Page 1	
	responses become a part of this numbered p goods or services delivered meet or exceed p s.	Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States			
	ats, shipping papers, invoices, and corres Irchase Order Number.					
Vendor:	1341699247 0 HYLAND SOFTWARE INC 28500 CLEMENS RD WESTLAKE OH 44145 United States		Bill To:	Invoice-HHSC M HEALTH & HUM 4601 W Guadalup Austin TX 78751 United States	IAN SERVICES CO	DMMISSION
			Fax: Email:	512/206-4854 IT_invoicing@hhs	s.texas.gov	
			Purchaser:	Arriaga,Samantha Danielle		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition	nase nt Type: IT/I : 0000222606 9 Dates: 06/19/2023 - 06/19/2024					
-						
whole or pa purchase o	ase order is contingent upon the continuant without penalty. HHS or the agency or rder. The agency shall be obligated to pare automatically canceled.	does not commit to ordering	specific quantities of g	oods/services or c	dollar amounts with	n respect to this

Purchase order issued in accordance with Texas Government Code §2157.068

Contract: DIR-TSO-4378

Quote: Q-278613

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********** Electronic Delivery to: HHS_SAM@hhs.texas.gov **********

Agency Contact: Name: Jack Timmins Email: Jack.Timmins@hhs.texas.gov

Purchaser Information: Name: Samantha Arriaga Email: Samantha.Arriaga@hhs.texas.gov

Vendor: Hyland Software Inc. Vendor Contact: Brendan Clark Vendor Phone: (913) 227-6017 Email: brendan.clark@hyland.com

208-80

1.00 EA

Dispatch via Print

Health and Human Services Commission

Purchase Order

					Dispa	tch via Print
Payment Terms Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-00	000314680
specifications, ter	nformal bid, Invitation for Offer, or Reems, and conditions set forth in the advert	Date 04/14/23	Revision		Page 2	
guarantees goods requirements. All shipments, sl	nses become a part of this numbered p or services delivered meet or exceed n hipping papers, invoices, and corresp se Order Number.	Ship To:	C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Austin TX 78751 United States			
]	1341699247 0 HYLAND SOFTWARE INC 28500 CLEMENS RD WESTLAKE OH 44145 United States		Bill To:	Invoice-HHSC HEALTH & HI 4601 W Guadal Austin TX 787: United States	UMAN SERVICES CO lupe St	OMMISSION
			Fax: Email:	512/206-4854 IT_invoicing@	hhs.texas.gov	
			Purchaser:	Arriaga,Sama	ntha Danielle	
Mc Ter	ventory Item ID - Line Description odule Code: PETWS1-CO rm: 6/19/2023 - 6/19/2024 ntract: DIR-TSO-4378	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Sche	Schedule Total \$9,000.00		
			Item Total	for Line 1	\$9,000.00	
			Total P	O Amount	\$9,000.00	

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	
Samantha arriago, CTCD, CTCM	<u>04/14/2023</u>