

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-3-0000315122
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 04/20/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States

Vendor: 1473203261 1
STRUCTURED HEURISTICAL INFORMATION EVOL
DBA COMPUTER NETWORK GROUP
2250 DEER RUN CIR
BROWNSVILLE TX 785212859
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Chavez,Rafael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding
IT/D
Requisition: 0000225000

PO Service Dates: 04/20/2023 to 08/31/2023

Quote #: ATTACHED

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:
STRUCTURED HEURISTICAL INFORMATION EVOL
John Alvarado
(956) 778-8271
jalvarado@cngmail.com.

Agency Contact:
Belinda Garza
+1 (956) 423-0130
belindaa.garza@dshs.texas.gov\

Purchaser:
Steven Chavez, CTCD, CTCM
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	CategorySe	962-18	8.00	EA	115.23000	\$921.84	04/20/2023
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Schedule Total \$921.84

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1							\$921.84
2-1	Cat Se Jack	840-57	8.00	EA	15.44000	\$123.52	04/20/2023
Schedule Total							\$123.52
Item Total for Line 2							\$123.52
Total PO Amount							\$1,045.36

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

04/20/2023