## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000	0317403
specification	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			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.			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				
Vendor:	3721721721 7 UNIVERSITY OF TEXAS AT AUS UT TESTING CENTER PO BOX 7246 AUSTIN TX 787137246 United States	TIN	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMM 4601 W Guadalupe St Austin TX 78751 United States	ИISSION
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us	

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 funding EX/0 -Legal cite TGC 771 Interagency Cooperation Requisition 234269- Pricing per Registration Form

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.

Vendor contact University of Texas at Austin 512-741-0222 testingcenter@austin.utexas.edu

Agency contact Josh Shaver joshua.shaver@hhs.texas.gov

PCS contact Vanessa Cantu 512-745-3494 Vanessa.cantu@hhs.texas.gov

1-1	CTCM Testing for Josh Shaver	924-20	1.00	EA	130.00000	\$130.00	08/31/2023
					Schedule Total	\$130.00	
					Item Total for Line 1	\$130.00	
					Total PO Amount	\$130.00	

## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order Date	HHSTX-3-0000317403
specification	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			Revision Page 2
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:	37217217217 UNIVERSITY OF TEXAS AT AUSTIN UT TESTING CENTER PO BOX 7246 AUSTIN TX 787137246 United States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us
			Purchaser:	Cantu, Vanessa

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.

Quantity

UOM

PO Price

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.

Class/Item

Line-Sch

**Inventory Item ID - Line Description** 

**Authorized By** 

LORI ACHWORTH CTCID, CTCM

05/16/2023

Extended Amt

**Due Date**