## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

512/406-2548

Extended Amt Due Date

Payment Ter	rms Freight Terms	Ship Via		11110=1/10 00000010=0		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000321972		
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision Page		
specifications, terms, and conditions set forth in the advertisement and vendor's			07/14/23	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:	1742768479 4 MICROASSIST INC BLDG 4 STE 225 8500 SHOAL CREEK BLVD AUSTIN TX 787577591 United States	EK BLVD		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		

Quantity

**Purchaser:** 

**UOM** 

FY23 Funding

Line-Sch

NIGP: 924/40

Requisition 0000238655

PO Service Dates 07/14/2023 to 08/31/2023

**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.

Purchase order issued in accordance with Texas Government Code §2157.068, DIR-TSO-5046.

Class/Item

Vendor Contact: Microassist In Susie Robinette (512) 524-2815 Srobinette@microassist.com

Agency Contact: Gabriela Soto Gabriela.Soto@dshs.texas.gov

PCS Purchaser Contact: Sheana Prince, CTCD (512) 406-2548 Sheana.Prince@hhs.texas.gov

1-1 924-40 1.00 EA 16650.00000 \$16,650.00 07/20/2023

Comprehensive Adobe Captivate 2019 5 staff, 4-Day In-Person Class August 21-22 and 24-25, 2023

 Schedule Total
 \$16,650.00

 Item Total for Line 1
 \$16,650.00

Prince, Sheana Denea

PO Price

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			Fax: Email:	512/458-7442 invoices@dshs.texas.go	v	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: 7 UOM	Prince, Sheana Denea	a 512/406-2548 extended Amt Due Date	
	•		Total P	O Amount	\$16,650.00	

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

Sheana Prince, CTCD

07/14/2023