Health and Human Services Commission

Purchase Order

D (T						Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-4-0	000325617
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		Date 09/01/23	Revision		Page 1		
guarantees goods or s requirements.	s become a part of this numbered pu ervices delivered meet or exceed m ing papers, invoices, and corresp Order Number.	umbered purchase	e order	Ship To:	1210 - Austin:11 HEALTH & HU 1106 Clayton Ln Ste 102E Austin TX 78723 United States	MAN SERVICES CO	OMMISSION
UNI UT PO AUS	21721721 7 IVERSITY OF TEXAS AT AUSTIN TESTING CENTER BOX 7246 STIN TX 787137246 ited States		Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISS 4601 W Guadalupe St Austin TX 78751 United States		OMMISSION	
		Fax: Email:	512/206-4854 IT_invoicing@hhs.texas.gov				
				Purchaser:	Ruiz,Steve		
Line-Sch Invent	ory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition 239854	ragency Cooperation Agreemer Pricing per Z. Khan, J. Henson ces are to be delivered and invoi	. Registration s			son)		
This purchase orde whole or part without purchase order. The	r is contingent upon the continue ut penalty. HHS or the agency do e agency shall be obligated to pa omatically canceled.	ed availability of bes not commit	f lawful appro to ordering s	opriations by the Texa specific quantities of g	oods/services or	dollar amounts with	h respect to this

Vendor contact UT Testing Center 512-471-0222 testingcenter@austin.utexas.edu

Agency contact Megahn Ahrens Megahn.Ahrens@hhs.texas.gov

PCS contact Steve Ruiz, CTCD 512-776-2106 steve.ruiz@hhs.texas.gov

1-1	CTCD Exam Registration fee for James Henson	924-20	1.00	EA	130.00000	\$130.00	09/01/2023
					Schedule Total	\$130.00	
					Item Total for Line 1	\$130.00	
2-1	CTCD Exam Registration fee for Zubia Khan	924-20	1.00	EA	130.00000	\$130.00	09/01/2023
					Schedule Total	\$130.00	
					Item Total for Line 2	\$130.00	

Health and Human Services Commission

Purchase Order

Payment Terms Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	4-0000325617
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Date 09/01/23	Revision	Page 2	
		Ship To:	ES COMMISSION		
Vendor: 3721721721 7 UNIVERSITY OF TEXAS AT AUSTIN UT TESTING CENTER PO BOX 7246 AUSTIN TX 787137246 United States	Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States			
			Fax: Email:	512/206-4854 IT_invoicing@hhs.texas.gov	
			Purchaser:	Ruiz,Steve	
Line-Sch In	ventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended	Amt Due Date

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	
Star Pring, CTCD	08/12/2023