Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			->/ /
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-4-0000326456
specifications, terms	ormal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 09/01/23	Revision	Page 1
	es become a part of this numbere services delivered meet or excee		Ship To:	C732 - Austin:701 W 51st HEALTH & HUMAN SEI 701 W 51st St	
All shipments, ship with our Purchase	ping papers, invoices, and corr Order Number.	espondence must be identified		PO Box 149030 Austin TX 78751 United States	
		·			

1223695478 5 Vendor:

SHI GOVERNMENT SOLUTIONS INC

STE 375

1301 S MO PAC EXPY AUSTIN TX 787466916

United States

Bill To: Invoice-HHSC MC2065

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/206-4854

Email: IT_invoicing@hhs.texas.gov

Chavez, Rafael **Purchaser:**

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

FY24 funding IT/D

Requisition 0000236629 Quote 23836077

PO Service Dates 10/01/2023 to 10/01/2024

Goods and/or services are to be delivered and invoiced after September 1, 2023.

Attached Terms and Conditions apply to this Purchase Order.

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 10/01/2024 are automatically canceled.

DIR blanket exemption - Minimum Threshold Procurements

WO000001212786

Vendor Contact: 1223695478 SHI Government Solutions **Gregory Gonedes** 800-870-6079 gregory_gonedes@shi.com Send PO to: Texas@shi.com

Agency Contact: Jonathan Mora jonathan.mora@hhs.texas.gov

PCS Purchaser Contact:

Steven Chavez, CTCD, CTCM 512-712-5002 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

Department of State Health Services

Purchase Order

Purchase Order

Ship Via

BEST WAY

Payment Terms

Net 30

Freight Terms

Prepaid & Allow

Dispatch via Print

HHSTX-4-0000326456

	Prepaid & Allow	BEST	** 7.1	Purchase Orde	, 1	111131A-4-0000320430	
specification	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the advert	rtisement and ver	ndor's	Date 09/01/23	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:	HEALTH & HU 701 W 51st St PO Box 149030	PO Box 149030 Austin TX 78751		
Vendor:	1223695478 5 SHI GOVERNMENT SOLUTIONS INC STE 375 1301 S MO PAC EXPY AUSTIN TX 787466916 United States		Bill To:	Invoice-HHSC I HEALTH & HU 4601 W Guadal	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751		
				Fax: Email:	512/206-4854 IT_invoicing@h	nhs.texas.gov	
				Purchaser:	Chavez,Rafae		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	
1-1	Snagit - License + Maintenance - 1 user - volume, GOV, nonprofit - 5-9 licenses - Win, Mac TechSmith - Part#: SN09G-N-22	208-11	5.00	EA	45.77000	\$228.85 10/01/2023	
				Sc	hedule Total	\$228.85	
58086 Amanda Bra 5034 Zachary Floi 55515400 Alison Hern 6535	ndrickson Rachael.hendrickson@dshs.texas.g Int Amanda.brant@dshs.texas.gov res zachary.flores@dshs.texas.gov alison.hern@dshs.texas.gov ick Abigail.melick@dshs.texas.gov	ov		Item Tot:	al for Line 1	\$228.85	

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.

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	4-0000326456	
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 3	
guarantees g requirements All shipmen	oods or services delivered meet or exceed is.	onses become a part of this numbered purchase order. Contractor or services delivered meet or exceed numbered purchase order hipping papers, invoices, and correspondence must be identified use Order Number.		C732 - Austin:701 W 51st St HEALTH & HUMAN SERVICE 701 W 51st St PO Box 149030 Austin TX 78751 United States		
Vendor:	1223695478 5 SHI GOVERNMENT SOLUTIONS I STE 375 1301 S MO PAC EXPY AUSTIN TX 787466916 United States	NC	Bill To:	Invoice-HHSC MC2065 HEALTH & HUMAN SERVICE 4601 W Guadalupe St Austin TX 78751 United States	ES COMMISSION	

Line-Sch

Fax:

512/206-4854 IT_invoicing@hhs.texas.gov Email:

Chavez,Rafael Purchaser: **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date

Authorized By

Steven Chauez, CTCD, CTCH

08/21/2023