## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

| Payment Te<br>Net 30               | rms Freight Terms Prepaid & Allow  | <b>Ship Via</b><br>BEST WAY | Purchase Order       | HHSTX-4-00003  | 26493     |
|------------------------------------|--|-----------------------------|----------------------|--|-----------|
| specification                      | specifications, terms, and conditions set forth in the advertisement and vendor's                      |                             | <b>Date</b> 09/01/23 | Revision   | Page<br>1 |
| guarantees governments All shipmen | oods or services delivered meet or exceed  | numbered purchase order     | Ship To:             | 4113 - Austin:4601 W Guadalupe St<br>HEALTH & HUMAN SERVICES COMMIS<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States | SION      |
| Vendor:                            | 1205186671 8 PMCS SERVICES INC PMCS SERVICES 600 CONGRESS AVE FI 14 AUSTIN TX 78701-3238 United States |                             | Bill To:             | Invoice-HHSC MC2065<br>HEALTH & HUMAN SERVICES COMMISSION<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States           |           |
|                                    |  |                             | Fax:<br>Email:       | 512/206-4854<br>IT_invoicing@hhs.texas.gov   |           |
|                                    |  |                             | Purchaser:           | Jiminian Mia Ravae   |           |

FY24 funding

IT/I

Line-Sch

Requisition 0000232802

PO Service Dates 09/1/23- 08/31/2024

**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 08-31-2024 are automatically canceled.

Quantity

**UOM** 

PO Price

**Extended Amt** 

**Due Date** 

Purchase order issued in accordance with Texas Government Code §2157.068 DIR-CPO-4579

Class/Item

#### PMCS SERVICES INC

Vendor Contact Andy Smetana 512-948-3144 dir@pmcsservices.com

Agency Contract: MARICELLA PEREZ MARICELLA.PEREZ@hhs.texas.gov

PCS contact Mia Jiminian mia.jiminian@hhs.texas.gov

1-1 962-69 1832.00 HR 98.21000 \$179,920.72 09/01/2023

FY24AUGR Pos# C005081 Staff Aug -Name: Julian Copado - Business Analyst 2 - Term: 09/01/23 ; 07/31/24 APP-ADC-WCMS Web Content Management System-Maintenance

**Schedule Total** \$179,920.72

Item Total for Line 1 \$179,920.72

# **Department of State Health Services**

## **Purchase Order**

Dispatch via Print

| Payment To<br>Net 30  | erms Freight Terms Prepaid & Allow   | Ship V<br>BEST |                      | Purchase Order   |  | HHSTX-4-0000326493    |
|---|--|----------------|----------------------|--|--|-----------------------|
| 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. |  |                | <b>Date</b> 09/01/23 | Revision Page 4113 - Austin:4601 W Guadalupe St HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States |  |                       |
|   |  |                | Ship To:             |  |  |                       |
| Vendor:   | 1205186671 8 PMCS SERVICES INC PMCS SERVICES 600 CONGRESS AVE FI 14 AUSTIN TX 78701-3238 United States |                |                      | Bill To:   | Invoice-HHSC MC2065<br>HEALTH & HUMAN SERVICES COMMISSION<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States |                       |
|   |  |                |                      | Fax:<br>Email:   | 512/206-4854<br>IT_invoicing@  | hhs.texas.gov         |
|   |  |                | 0 111                | Purchaser:   | Jiminian,Mia F   |                       |
| Line-Sch  | Inventory 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

Authorized CTCD

Total PO Amount

08/19/2023

\$179,920.72