### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

D 4 T	E: -1-4 T	CL: V:			
Payment Term Net 30	reight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HH	STX-4-0000327467
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			<b>Date</b> 09/01/23	Revision	<b>Page</b> 1
guarantees good requirements.  All shipments,	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:  4300 - Austin:4616 W Howard Ln HEALTH & HUMAN SERVICES COMM 4616 W Howard Ln Ste 350 Austin TX 78728 United States	
Vendor:	Vendor: 1860741227 9 AXON ENTERPRISE INC DEPARTMENT 2018 PO BOX 29661 PHOENIX AZ 75038 United States		Bill To:	Invoice-HHSC 07:Headquarters,Q HEALTH & HUMAN SERVICES COMM 4616 W Howard Ln Ste 1-120 Austin TX 78728 United States	
			Fax:	512/832-7756	

**Email:** 

HHSCReg07\_AP\_Purchases@hhsc.state.tx.us

**Purchaser:** Chavez, Rafael

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

FY24 funding IT/D

Requisition 0000240363 Quote ATTACHED

PO Service Dates 04/30/2024 to 04/30/2025

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 04/30/2025 are automatically canceled.

DIR blanket exemption - Minimum Threshold Procurements

Vendor Contact: 1860741227 **AXON ENTERPRISE INC Brandon Jones** 480-569-7841 brjones@axoon.com arinquiries@axon.com

Agency Contact: Daniella Garcia 512-341-4627 daniella.garcia@tcco.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 vendor to properly invoice which may delay payment processing.

# **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via		IIIICTY	4 0000007467
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HH21X-	4-0000327467
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 2
			Ship To:  4300 - Austin:4616 W Howard Ln HEALTH & HUMAN SERVICES COMMIS 4616 W Howard Ln Ste 350 Austin TX 78728 United States		
	860741227 9 AXON ENTERPRISE INC		Bill To:	Invoice-HHSC 07:Headquarters,	-

DEPARTMENT 2018 PO BOX 29661 PHOENIX AZ 75038 **United States** 

4616 W Howard Ln Ste 1-120 Austin TX 78728 United States

512/832-7756 Fax:

**Email:**  $HHSCReg 07\_AP\_Purchases@hhsc.state.tx.us$ 

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

8/31/23 PCS Level 1 Support. POA Completed (ROJ) 1-1 005-05 4.00 EA 180.00000 \$720.00 09/01/2023 Evidence.Com Basic License Payment Schedule Total \$720.00 Item Total for Line 1 \$468.00 09/01/2023 2-1 005-05 1.00 EA 468.00000 Evidence.Com Professional License Payment \$468.00 Schedule Total \$468.00 Item Total for Line 2 3-1 005-05 5.00 EA 228.00000 \$1,140.00 09/01/2023 Respond Device Plus Payment Schedule Total \$1,140.00 Item Total for Line 3 \$1,140.00 005-05 25.00 EA 4.80000 \$120.00 09/01/2023 4-1 10 GB Evidence.Com A-La-Cart Schedule Total \$120.00 Item Total for Line 4 \$120.00 Total PO Amount

# **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment T Net 30	Freight Terms Prepaid & Allow	Ship V		Purchase Order	HHSTX-4-0000327	7467
Net 30 Prepaid & Allow BEST WAY  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 3	
			Ship To:	4300 - Austin:4616 W Howard Ln HEALTH & HUMAN SERVICES COMMISSION 4616 W Howard Ln Ste 350 Austin TX 78728 United States		
Vendor:	1860741227 9 AXON ENTERPRISE INC DEPARTMENT 2018 PO BOX 29661 PHOENIX AZ 75038 United States			Bill To:	Invoice-HHSC 07:Headquarters,Q HEALTH & HUMAN SERVICES COMMISSIO 4616 W Howard Ln Ste 1-120 Austin TX 78728 United States	OMMISSION
				Fax: Email:	512/832-7756 HHSCReg07_AP_Purchases@hhsc.state.tx.us	
<u> </u>				Purchaser:	Chavez,Rafael	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Dat	ie

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** 

Steven Chauz, CTCD, CTCH

<u>08/31/2023</u>