## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	HHSTX	4-0000335835	
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 12/29/23	Revision F		
guarantees go requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchas	se order	Ship To:	6694 - Austin:1111 W North L HEALTH & HUMAN SERVIC 1111 W North Loop Austin TX 78756 United States		
Vendor:	1237067291 2 INFORMATION SYSTEMS AUDIT A 1055 PAYSPHERE CIR CHICAGO IL 606740001 <b>United States</b>	AND CONTROL	. AS	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVIC 4601 W Guadalupe St Austin TX 78751 United States	ES COMMISSION	
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us		
Exempt Rea	ison: N/A			Purchaser:	De La Rosa,Heather M		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price Extended	Amt Due Date	

FY24 funding SP/E Requisition 250330 - Pricing per Invoice #00450202

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 08/31/2024 are automatically canceled.

Vendor contact ISACA 841-660-5505 accountsreceivable@isaca.org

Agency contact Victoria Olivarez 512-407-3265 Victoria.Olivarez@hhs.texas.gov

PCS contact Heather De La Rosa Heather.Delarosa@hhs.texas.gov

1-1		963-48	1.00	EA	85.00000	\$85.00	12/29/2023
	Professional Membership/Austin chapter						
					Schedule Total	\$85.00	
					Item Total for Line 1	\$85.00	
					Total PO Amount	\$85.00	

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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> 12/29/23	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:	Fo: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISS 1111 W North Loop Austin TX 78756 United States		
Vendor:	1237067291 2 INFORMATION SYSTEMS AUDIT A 1055 PAYSPHERE CIR CHICAGO IL 606740001 <b>United States</b>	ND CONTROL	AS	Bill To:	Invoice-HHSC Accountin HEALTH & HUMAN SI 4601 W Guadalupe St Austin TX 78751 United States	ng ERVICES COMMISSION
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Exempt Rea	son: N/A			Purchaser:	De La Rosa,Heather M	1
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price Ext	tended 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	
Heatty But Rol, CTCD	<u>12/29/2023</u>

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