

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

|                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment Terms</b><br>Net 30                                                                                                                                                                                                                                                                                                                 | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-4-0000340842</b>                                                                                                |
| 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. |                                         |                             | <b>Date</b><br>03/14/24                                                                                                                           |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>                                                                                                                                                                                                                         |                                         |                             | <b>Revision</b><br>Page<br>1                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                |                                         |                             | <b>Ship To:</b><br>6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |

**Vendor:** 3304304304 2  
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
BUDGET AND INTERNAL ACCOUNTING  
PO BOX 13528  
AUSTIN TX 787113528  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Exempt Reason:** INTERAGENCY CONTRACTS

**Purchaser:** Bovea,Taylor

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

FY24 funding  
EX/0 - TGC 771 Interagency Cooperation Agreement  
Requisition 0000258116 - Pricing per Statewide Procurement Education website

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:  
Statewide Procurement Education  
512-463-5355  
ctp@cpa.texas.gov

Agency contact:  
Lisa Laney  
512-487-3408  
lisa.laney@hhs.texas.gov

PCS contact:  
Taylor Bovea, CTCD, CTCM  
Taylor.bovea@hhs.texas.gov  
512-776-2210

|     |                                                                |        |      |    |          |         |            |
|-----|----------------------------------------------------------------|--------|------|----|----------|---------|------------|
| 1-1 | CTCM Renewal Fee for Lisa Laney,<br>Certification # 1900003106 | 963-64 | 1.00 | EA | 50.00000 | \$50.00 | 03/15/2024 |
|-----|----------------------------------------------------------------|--------|------|----|----------|---------|------------|

|                              |         |
|------------------------------|---------|
| <b>Schedule Total</b>        | \$50.00 |
| <b>Item Total for Line 1</b> | \$50.00 |
| <b>Total PO Amount</b>       | \$50.00 |

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

|                                                                                                                                                                                                                                                                                                                                                |                                         |                             |                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment Terms</b><br>Net 30                                                                                                                                                                                                                                                                                                                 | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-4-0000340842</b>                                                                                                |
| 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. |                                         |                             | <b>Date</b><br>03/14/24                                                                                                                           |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>                                                                                                                                                                                                                         |                                         |                             | <b>Revision</b><br>6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |
|                                                                                                                                                                                                                                                                                                                                                |                                         |                             | <b>Page</b><br>2                                                                                                                                  |

**Vendor:** 3304304304 2  
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
BUDGET AND INTERNAL ACCOUNTING  
PO BOX 13528  
AUSTIN TX 787113528  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Exempt Reason:** INTERAGENCY CONTRACTS

**Purchaser:** Bovea,Taylor

| 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**

*Taylor Bovea, CTCO, CTCM*

**03/14/2024**