Department of State Health Services

Purchase Order

Dispatch via Print

Payme	ent Terms	Freight Terms	Ship Via			->/
Net 30		Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-5-0000342415
If adve	rtised by inform	al bid, Invitation for Offer	or Request for Proposal; all	Date	Revision	Page
	specifications, terms, and conditions set forth in the advertisement and vendor's			09/01/24		1
guarant require All shi	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:	1901 - Tyler:2521 W Front St DEPARTMENT OF STATE HEALTH SERVICE 2521 W Front St Tyler TX 75702 United States	
Vendo	TELE 5620 (TYLE	19243 4 ONE COMMUNICATIO DLD BULLARD RD STE R TX 757034358 1 States		Bill To:	Invoice-DSHS Fiscal Claim DEPARTMENT OF STAT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

FY25 Funding

Line-Sch

Exempt Reason: N/A

IT/D

Requisition: 0000257578

PO term dates: 09/01/2024-08/31/2025

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 08/31/2025 are automatically canceled.

1.00 LOT

Quantity

Class/Item

Purchaser:

UOM

Powers, Ashley

Extended Amt

Due Date

PO Price

Purchase order issued in accordance with Texas Government Code §2157.068

Vendor: TELE ONE COMMUNICATIONS INC Lillian Foster 903-531-0777 Igain@tele-onecom.com

Agency Program Contacts: Sharon Amora-Grammer 903-952-2381 Sharon.amoragrammer@dshs.texas.gov

HHSC Purchaser:

Ashley Powers, CTCD, CTCM 512-776-2794

Ashley.Powers@hhs.texas.gov

1-1 920-45 FY25 Answering Service, Continue Existing Service 24/7/365. Including Holidays. Includes 60 minutes per

> month. Beginning Sept 1, 2024, thru Aug 31, 2025. Line 1 PHEP.

month. The base rate is still \$95.00 per

1140.00000

\$1,140.00 09/01/2024

\$1,140.00 Schedule Total

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Vendor:	1752619243 4 TELE ONE COMMUNICATIONS INC 5620 OLD BULLARD RD STE 109 TYLER TX 757034358 United States			Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		OF STATE HEALTH SERVICES RBB)		
				Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov		
Exempt Rea	ason: N/A			Purchaser:	Powers, Ashley			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
				Item T	Total for Line 1	\$1,140.00		
2-1	FY25 Additional Fees. Overages at .95 cents per min over the 60 minutes allowed in the base rate. Line 2 CORE	920-45	1.00	LOT	500.00000	\$500.00 09/01/2024		
					Schedule Total	\$500.00		
Before you r	service is required for after hour emergencies make any changes please contact: ora-Grammer Sharon.amoragrammer@dshs.t							
(700) 702 2				Item 7	Total for Line 2	\$500.00		
				To	otal PO Amount	\$1,640.00		

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	
Ashley Howers, CTCD, CTCM	
	04/02/2024