

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-1-0000242350
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.			Date 09/03/20
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 4546 - Austin:1100 W 49th St DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St PO Box 149347 Austin TX 78756 United States

Vendor: 1742595851 3
MICROMAIN CORPORATION
5100 BEE CAVES RD
USA
AUSTIN TX 78746-5221
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.state.tx.us

Purchaser: Barber, April Marie Novak 512/406-2432

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY21 Funds
PCC Code: IT/D
Requisition No.: 127333

Not to Exceed \$21,000.00
Original Contract/PO No.: HHS000885200001
Initial Term: 9/1/20 8/31/23 (3 year) with no options renew

1st Year: \$ 11,062.00
2nd Year: \$1404.00
3rd Year: \$1404.00

PO Coverage Term: 9/01/2020 through 8/31/2021

Agency Contact: Sylvia Lagunas
Email: syliva@dshs.texas.gov
Phone: 512.698.3350

Vendor Contact: MICROMAIN
Contact email: wadeb@micromain.com
Ph: 512.600.04914

Purchaser Contact: April Barber, CTPM
Contact email: April.barber@hpsc.state.tx.us
Contact Phone: (512) 406-2432

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. The attached HHSC Terms and Conditions apply to this PO. HHSC or the agency does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/21 are automatically cancelled.

1-1	FY21 Annual Encumbrance	938-63	1.00	EA	7000.00000	\$7,000.00	09/03/2020
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Schedule Total \$7,000.00

Contract_ID: HHS000885200001 Contract Line: 0 Release: 1

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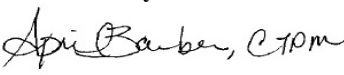
Item Total for Line 1 \$7,000.00

Total PO Amount \$7,000.00

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 	09/03/2020
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