## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

| Payment Ter   | rms Freight Terms   | Ship Via                     |                | LUIOTV A AAAAAAAFE   | _  |  |
|---------------|---|------------------------------|----------------|--|----|--|
| Net 30        | Prepaid & Allow   | BEST WAY                     | Purchase Order | HHSTX-3-000030855  | 5  |  |
|               | by informal bid, Invitation for Offer, or R   |                              | Date           | Revision Pag   | je |  |
|               | s, terms, and conditions set forth in the ad  |                              | 01/19/23       |  | 1  |  |
|               | esponses become a part of this numbered<br>ods or services delivered meet or exceed |                              | Ship To:       | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |    |  |
| requirements. |   | numbered purchase order      |                |  |    |  |
|               | s, shipping papers, invoices, and corre   | spondence must be identified | 1              |  |    |  |
|               | chase Order Number.   | Spondence must se ruemaneu   |                |  |    |  |
|               |   |                              | _              | Officed States   |    |  |
| Vendor:       | 1363698130 3  |                              | Bill To:       | Invoice-DSHS Fiscal Claims   |    |  |
|               | ACCREDITATION COUNCIL FOR   | GRADUATE MEDIC               |                | DEPARTMENT OF STATE HEALTH SERVICES  |    |  |
|               | 29376 NETWORK PL  |                              |                | 1100 W 49th St (RBB)   |    |  |
|               | CHICAGO IL 60673-1293   |                              |                | PO Box 149347  |    |  |
|               | United States   |                              |                | Austin TX 78756<br>United States   |    |  |
|               |   |                              |                | United States  |    |  |
|               |   |                              |                |  |    |  |
|               |   |                              | Fax:           | 512/458-7442   |    |  |
|               |   |                              | Email:         | invoices@dshs.texas.gov  |    |  |
|               |   |                              |                |  |    |  |
|               |   |                              | Purchaser:     | De La Rosa.Heather M   |    |  |

FY23 funding SP/E

Line-Sch

Requisition 214618 - Pricing per Quote

Attached Terms and Conditions apply to this Purchase Order.

**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 08-31-2023 are automatically canceled.

Quantity

**UOM** 

PO Price

Extended Amt

**Due Date** 

Class/Item

Vendor contact Accreditation Council for Graduate Medical Education Javier Nuno billing@acgme.org

Agency contact Cynthia Dang cynthia.dang@dshs.texas.gov

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

1-1 963-48 1.00 EA 5125.00000 \$5,125.00 01/19/2023

Membership ID 3804888105 Public health and general preventive medicine

Schedule Total \$5,125.00

Item Total PO Amount \$5,125.00

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

| Payment To<br>Net 30  | erms Freight Terms Prepaid & Allow   | <b>Ship Via</b><br>BEST W |          | Purchase Order       |   | HHSTX-3-0000308555    |  |
|---|--|---------------------------|----------|----------------------|---|-----------------------|--|
| 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> 01/19/23 | Revision  | Page 2                |  |
|   |  |                           |          | Ship To:             | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States  |                       |  |
| Vendor:   | 1363698130 3<br>ACCREDITATION COUNCIL FOR GRADUATE MEDIC<br>29376 NETWORK PL<br>CHICAGO IL 60673-1293<br>United States |                           | IC       | Bill To:             | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States |                       |  |
|   |  |                           |          | Fax:<br>Email:       | 512/458-7442<br>invoices@dshs.tex   | xas.gov               |  |
|   |  |                           |          | Purchaser:           | De La Rosa,Hea  | ather M               |  |
| 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.

Heathy Deh Rol, CTCD

01/19/2023