## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			11110TV 0 000000001	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000308984	
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> 01/26/23	Revision Page		
			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
All shipments, shi with our Purchase	pping papers, invoices, and corre e Order Number.	espondence must be identified		Austin TX 78756 United States	1	
Vendor: 17	710477513 9		Bill To:	Invoice-DSHS Fi	iscal Claims	

CONFERENCE OF RADIATION CONTROL PROGRAM

DBA CRCPD

201 BRIGHTON PARK BLVD STE 1 FRANKFORT KY 406013717

**United States** 

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442 invoices@dshs.texas.gov **Email:** 

				Purchaser:	Wright,Byron Carl	512/406-2512
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Membership Dues for Ruben Cortez with the Conference of Radiation Control Program Directors (CRCPD) for 2023 calendar year. FY23 funding

SP/E

Requisition 217142 Pricing per Quote 300002244PO Service Dates 1/26/2023 to 08-31-2023

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 08-31-2023 are automatically canceled.

Vendor contact

Missy Hyslop

502-227-4543

mhyslop@crcpd.org

Agency contact

Gem Naivar Gem.Naivar@dshs.texas.gov (512) 942-9238

Facility (if applicable)

PCS contact

Byron Wright CTCD 512-406-2512 Byron.Wright@hhs.texas.gov

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			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States			
Vendor:	1710477513 9 CONFERENCE OF RADIATION COL DBA CRCPD 201 BRIGHTON PARK BLVD STE 1 FRANKFORT KY 406013717 United States	NTROL PROGRAM	Bill To: Invoice-DSHS Fis DEPARTMENT ( 1100 W 49th St (F PO Box 149347 Austin TX 78756 United States		STATE HEALTH	SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov			
			Purchaser:	Wright,Byron Carl		/406-2512	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date	
			Schedule Total\$65.00				
			Item Total for Line 1\$65				
		Total P	O Amount	\$65.00			

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

Byron Waight, CTCD,

01/26/2023