

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-3-0000309752
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 02/08/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States

Vendor: 18342698117
INNJOY HOSPITALITY LLC
DBA HOLIDAY INN BEACH RESORT
100 PADRE BLVD
SOUTH PADRE ISLAND TX 785976505
United States

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

Purchaser: Johnson,Ja\Vorashay D 512/406-2563

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
SP/E
Requisition 217272 - Pricing per Quote
PO Service Dates 02-08-2023 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
INNJOY HOSPITALITY LLC, DBA HOLIDAY INN BEACH RESORT
Supplier ID: 18342698117
956-335-5044
holidayevents@innjoyhospitality.com

Agency contact
RAVEN KEITH
956-421-5511
RAVEN.KEITH@DSHS.TEXAS.GOV

PCS contact
Ja\Vorashay Johnson, CTCD, CTCM
512-406-2563
JaVorashay.Johnson03@hhs.texas.gov

1-1	2023 STAFF DEVELOPMENT CONFERENCE - FEE FOR CONFERENCE SPACE & TABLE SET UP	963-37	1.00	EA	246.00000	\$246.00	02/08/2023
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Schedule Total	\$246.00
Item Total for Line 1	\$246.00
Total PO Amount	\$246.00

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			Ship To: 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States

Vendor: 1834269811 7
 INNJOY HOSPITALITY LLC
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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

Ja'Vorashay Johnson, CTCD, CTCM

02/08/2023