Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	8	Ship Via		LUICTY	0.000004.0050	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX	-3-0000310859	
specification	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			Revision	Page 1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
•	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Austin TX 78756 United States		
Vendor:	1520954741 1 FELDESMAN TUCKER LEIFER FII ATTN: TRAINING PAYMENTS PO BOX 791536 BALTIMORE MD 212791536 United States	DELL LLP	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE H 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	EALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 funding SP/E

Requisition # 0000220254 Pricing Per Order #'s 2670, 28600, 28601

PO Service Dates 02/27/2023 to 08-31-2023

FY23- Single Audit Under Uniform Guidance-Attendees-Gary Anderson, Cameron Speer and Paul Delaunay

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

FELDESMAN TUCKER LEIFER FIDELL LLP

Phone: 202-466-8960 Email: learning@ftlf.com

Agency contact Olivia Harrell

Phone: +1 (512) 776-6192

Email: Olivia.Harrell@dshs.texas.gov

PCS contact David Martinez Phone: 512-406-2597

Email: David.Martinez01@hhs.texas.gov CAMERON SPEER-Order #: 28670 GARY ANDERSON Order #: 28600 PAUL DELAUNAY Order #: 28601

Guidance - Cameron-Paul-Gary A.

1-1 924-16 3.00 EA 175.00000 \$525.00 03/07/2023 FY23 Single Audit Under Uniform

 Schedule Total
 \$525.00

 Item Total for Line 1
 \$525.00

Department of State Health Services

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-0000310859
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			Ship To:			
Vendor:	1520954741 1 FELDESMAN TUCKER LEIFER FIDELL LLP ATTN: TRAINING PAYMENTS PO BOX 791536 BALTIMORE MD 212791536 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov
				Purchaser:	Martinez,David	
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.

Authorized By

Total PO Amount

02/27/2023

\$525.00