Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000310886
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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Revision	Page 1
guarantees go				1906 - Houston:5425 Polk St DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St	
	ts, shipping papers, invoices, and correspondence must be identified Ste 420			Ste 420 Houston TX 77023	
Vendor:	Vendor: 7003436044 9 EDITH DIANE DOCHEN DBA DDD MARKETING COMMUNICATIONS 3015 RICE BLVD HOUSTON TX 770053050 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: 512/458-7442 Email: invoices@dshs.texas.gov

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

FY23 Funding NIGP: 924-16

SP/E - Spot Purchase Up to \$10,000.00.

AGENCY CONTACT:

Torres, Margaret (DSHS) Margaret. Torres@dshs.texas.gov

HHSC BUYER:

Kimberly Andrews, CTCD
Purchaser V- Services Department
Procurement and Contracting Services (PCS)
801 S Hwy 161 Suite 620, Office F
Grand Prairie, Texas 75051
Teleworking-please call thru Microsoft
Office: 972-337-6254
Kimberly.Andrews@hhs.texas.gov

VENDOR:

Dee Dee Dochen DDD Marketing Communications 832-545-7574 ddd@dddmc.com January 30, 2023 QUOTE Proposall attached

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00 REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding. Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000219126

1-1	Communications Training	924-16	1.00	EA	3800.00000	\$3,800.00	03/08/2023
					Schedule Total	\$3,800.00	
					Item Total for Line 1	\$3,800.00	
					Total PO Amount	\$3,800.00	

Department of State Health Services

Purchase Order

Dispatch via Print

Payment T		Ship Via		LILICTY 2 000024000C	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		
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			Ship To:	1906 - Houston:5425 Polk St DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St Ste 420 Houston TX 77023 United States	
Vendor:	DESCRIPTION OF THE PROPERTY OF		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: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Andrews,Kimberly 972/337-6254	
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 Kimberly Andrews, CTCD

02/27/2023