Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via		LUIOTV 0 0000040050
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000310956
	by informal bid, Invitation for Offer, or I		Date	Revision Page
	s, terms, and conditions set forth in the ac		02/28/23	1
guarantees go requirements All shipment	oods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERV			Austin TX 78756
Vendor:	1746058233 5 TEXAS PUBLIC HEALTH ASSOC PO BOX 9610 LONGVIEW TX 75608 United States	IATION	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

Quantity

Purchaser:

UOM

FY23 funding SP/E Requisition # 0000219737 PO Service Dates 02/28/2023 to 08-31-2023

FY23-The TPHA Annual Education Conference held in-person May 22-24, 2023- Kacey Russell, Megan Coney, Anika Stankov

Class/Item

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.

Vendor contact

Line-Sch

TEXAS PUBLIC HEALTH ASSOCIATION

Phone: (903)309-3380 Email: txpha@aol.com

Agency contact Jacob Ortega

Email: Jacob.Ortega@dshs.texas.gov

PCS contact
David Martinez
Phone: 512-406-2597
Email: David.Martinez01@hhs.texas.gov

Anika Stankov-Invoice # 200004628 Kacey Russell-Invoice # 200004627 Meghan Coney Invoice # 200004629

1-1 963-37 3.00 EA 325.00000 \$975.00 03/01/2023

FY23 TPHA Registration Fees-Kacey Russell, Megan Coney, Anika Stankov

 Schedule Total
 \$975.00

 Item Total for Line 1
 \$975.00

Martinez, David

Extended Amt

Due Date

PO Price

Department of State Health Services

Purchase Order

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000310956
specification	by informal bid, Invitation for Offer, or Reas, terms, and conditions set forth in the adv	ertisement and vendor's	Date 02/28/23	Revision Page 2
guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed r s. ats, shipping papers, invoices, and corresponders Order Number.	numbered purchase order	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
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Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Martinez, David PO Price Extended Amt Due Date
	,			O Amount \$975.00

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

Workin, CTCD

02/28/2023