

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000310998</b>
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> 02/28/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

**Vendor:** 1930721765 3  
SOCIETY FOR INHERITED METABOLIC DISORDER  
18265 LOWER MIDHILL DR  
WEST LINN OR 970681359  
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:** Alba, Yvonne E 512/406-2416

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding  
Requisition 0000219552  
PO Service Dates 2-28-2023 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  
SOCIETY FOR INHERITED METABOLIC DISORDER  
18265 LOWER MIDHILL DR  
WEST LINN, OR 970681359  
leslie.lublink@gmail.com

Agency contact  
Rebecca Dene Thompson  
dene.thompson@dshs.texas.gov

PCS contact  
Yvonne Alba  
512-406-2416  
yvonne.alba@hhs.texas.gov

1-1	SIMD MEETING REGISTRATION	963-39	1.00	EA	760.00000	\$760.00	02/28/2023
<b>Schedule Total</b>						\$760.00	

FY23 3494 SIMD REGISTRATION

Society for Inherited Metabolic Disorders  
44TH Annual Meeting  
March 18-21, 2023  
Hyatt Regency Salt Lake City, UT

\*\*\*Non-Member Attendee: Patricia Hunt\*\*\*

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			<b>Page</b> 2

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\*\*\*Questions? Contact: Dene Thompson, 512 776-2457 dene.thompson@dshs.texas.gov\*\*\*

VENDOR INFORMATION:  
Society for Inherited Metabolic Disorders  
18265 Lower Midhill Dr  
West Linn, OR 97068  
503 636-9228  
simd@expotracker.net  
www.simd.org

\*\*\*SIMD Registration Form / See Line 1 Comments attachment\*\*\*

\*\*\*Specific Federal Funding: 3Y161GDNBSPRSRV/253/H45000\*\*\*

\*\*\*BUD.ID161014\*\*\*

\*\*\*ATTN DSHS CLAIMS: Send approval requests to LabAccounting@dshs.texas.gov\*\*\*

CODE # 3063

PO BILL TO INFORMATION  
DSHS  
ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

CODE # 4546

FOR DSHS INTERNAL DELIVERY INFO  
Loading Dock: L-114  
Building: Laboratory L-306

Requester Information:  
Requester Name: Patricia Hunt  
Requester Phone Number/Area Code: 512 776-2478  
Requester E-mail Address: patricia.hunt@dshs.texas.gov

SCOR Division- DSHS-Infectious Disease

**Item Total for Line 1** \_\_\_\_\_ \$760.00

**Total PO Amount** \$760.00

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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.

<b>Authorized By</b> <i>Yvonne Alba, CTCM</i>	<b>02/28/2023</b>
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