

# 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-3-0000311219</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> 03/02/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 7907 - Austin:1100 W 49th St (RDM) HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St (RDM) 1100 W 49th St Ste M751 Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1611535764 8  
AUSTIN HUMAN RESOURCE MANAGEMENT ASSOCIA  
7000 N MO PAC EXPY STE 200  
AUSTIN TX 787313013  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Wright,Byron Carl 512/406-2512

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

FY23 funding  
SP/E

Requisition 220771 Pricing per Quote PO Service dates: 03/02/2023 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

Austin SHRM Membership  
1401 Lavaca St PMB 40893, Austin, TX 78701  
VIN:1611535764  
support@austinshrm.org

Bryant,Danyale K (DSHS)  
+1 (512) 776-7275  
Danyale.Bryant@dshs.texas.gov

PCS contact  
Byron Wright CTCD  
512-406-2512  
Byron.Wright@hhs.texas.gov

1-1	Austin SHRM Conference 2023	972-32	1.00	SES	1995.00000	\$1,995.00	03/02/2023
-----	-----------------------------	--------	------	-----	------------	------------	------------

**Schedule Total**           \$1,995.00          

Austin SHRM  
7000 N Mopac Expy #200, Austin, TX 78731  
Phone: (512) 434-0020  
VIN: 61-1535764 Vendor Invoice

**Item Total for Line 1**           \$1,995.00

# 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-3-0000311219</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> 03/02/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 7907 - Austin:1100 W 49th St (RDM) HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St (RDM) 1100 W 49th St Ste M751 Austin TX 78756 United States
			<b>Page</b> 2

**Vendor:** 1611535764 8  
AUSTIN HUMAN RESOURCE MANAGEMENT ASSOCIA  
7000 N MO PAC EXPY STE 200  
AUSTIN TX 787313013  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Wright, Byron Carl 512/406-2512

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

**Total PO Amount** \$1,995.00

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.

<b>Authorized By</b> <i>Byron Wright, CTCB</i>	<b>03/02/2023</b>
---	-------------------