

Department of State Health Services

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|---|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000311236 |
| 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. | | | Date 03/02/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States |
| | | | Page 1 |

Vendor: 1611535764 8
AUSTIN HUMAN RESOURCE MANAGEMENT ASSOCIA
7000 N MO PAC EXPY STE 200
AUSTIN TX 787313013
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: Graham, Mary Ann 512/406-2487

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

FY23 funding
SP/E
Requisition 220658
Pricing per Invoice #09088

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

Agency Contact
Barbara Turcotte
barbara.turcotte@dshs.texas.gov

PCS contact
Mary Ann Graham
maryann.graham@hhs.texas.gov

| | | | | | | | |
|-----|--|--------|------|----|-----------|----------|------------|
| 1-1 | Austin SHRM Membership for Alana Brown | 963-48 | 1.00 | YR | 100.00000 | \$100.00 | 03/02/2023 |
|-----|--|--------|------|----|-----------|----------|------------|

| | |
|------------------------------|----------|
| Schedule Total | \$100.00 |
| Item Total for Line 1 | \$100.00 |
| Total PO Amount | \$100.00 |

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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.

Authorized By

Mary Ann Graham, CPM

03/03/2023