Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00003112	266	
specification	by informal bid, Invitation for Offer, or las, terms, and conditions set forth in the ac	lvertisement and vendor's	Date 03/03/23	Revision Page		
guarantees g requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s. its, shipping papers, invoices, and corre- rchase 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		
Vendor:	1340948453 5 SOCIETY FOR HUMAN RESOURCE MANAGEMENT PO BOX 79482 BALTIMORE MD 212790482 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: Email:	512/458-7442 invoices@dshs.texas.gov		
			Purchaser:	Mclearen Trevor		

Quantity

Class/Item

FY23 funding SP/F

Line-Sch

Requisition 0000221131 Pricing per Quote SO2332212

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.

UOM

Vendor contact SHRM Customer Experience 800.283.7476 shrm@shrm.org

Agency contact Barbra Turcotte 512.776.3869 barbra.turcotte@dshs.texas.gov

PCS contact Trevor McLearen trevor.mclearen@hhs.texas.gov

1-1 963-48 1.00 YR 244.00000 \$244.00 03/03/2023

Society for Human Resource Management Membership - Khristina Knight

Schedule Total \$244.00

Item Total for Line 1 \$244.00

PO Price

Extended Amt

Due Date

Total PO Amount \$244.00

Department of State Health Services

Purchase Order

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Payment To Net 30	Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-3-00	00311266
specification	by informal bid, Invitation for Offer, or R is, terms, and conditions set forth in the ad	Date 03/03/23	Revision Page 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States				
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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov			
				Purchaser:	Mclearen,Trevor		
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

LORI ACHWORTH CTCID, CTCM

03/06/2023