

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-3-0000311581
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 03/08/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1906 - Houston:5425 Polk St DEPARTMENT OF STATE HEALTH SERVICES 5425 Polk St Ste 420 Houston TX 77023 United States
			Page 1

Vendor: 1237410799 8
COUNCIL OF STATE AND TERRITORIAL EPIDEMI
2872 WOODCOCK BLVD STE 250
ATLANTA GA 303414015
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: Wells,Alicia N

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding

SP/E

Requisition 0000220547 - Pricing per Quote \$745.00 - PO Service Dates 06-25-2023 to 06-29-2023
Attached Terms and Conditions apply to this Purchase Order.

Invoice #: 2023AC-022023-0703

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
CSTE National Office
770-458-3811
nationaloffice@cste.org

Agency contact
Margaret Torres
512-596-9463
margaret.torres@dshs.texas.gov

Invoice Approval Payment Request contact
Voronica Crayton
Voronica.Crayton@dshs.texas.gov

PCS contact
Alicia Wells
512-406-2582
alicia.wells@hhs.texas.gov

1-1	Registration for Kiley Mann to attend the Council of State and Territorial Epidemiologist (CSTE) in Salt Lake City, Utah	963-48	1.00	EA	745.00000	\$745.00	03/23/2023
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Purchaser: Wells,Alicia N

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Schedule Total						\$745.00	
Item Total for Line 1						\$745.00	
Total PO Amount						\$745.00	

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 <i>Alicia Wells, CTCO, CTCM</i>	03/08/2023
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