## **Department of State Health Services**

## **Purchase Order**

Dispatch via Print

Payment Te		Ship Via		IIIIOTY 0 0000044700		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000311730		
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page		
	specifications, terms, and conditions set forth in the advertisement and vendor's			1		
	conforming responses become a part of this numbered purchase order. Contractor			6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION		
requirements	guarantees goods or services delivered meet or exceed numbered purchase order					
_		senandance must be identified	1	1111 W North Loop		
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Austin TX 78756		
with our ru	renase Order Number.		J	United States		
Vendor:	1710477513 9		Bill To:	Invoice-DSHS Fiscal Claims		
· chaoi ·	CONFERENCE OF RADIATION C	ONTROL PROGRAM	<b>2</b> 111 101	DEPARTMENT OF STATE HEALTH SERVICES		
	201 BRIGHTON PARK BLVD STE	1		1100 W 49th St (RBB)		
	FRANKFORT KY 40601-3717			PO Box 149347		
	United States			Austin TX 78756		
				United States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		
			Eman.	m. o.cos (grando actual) go .		
			Purchaser:	Hanna,Mary Beth		

Quantity

**UOM** 

**PO Price** 

Extended Amt

**Due Date** 

FY23 funding SP/E

Line-Sch

Requisition 221423 Pricing per Quote, 300002271.

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.

Vendor contact Missy Hyslop 502-227-4543 mhyslop@crcpd.org

Agency contact Lisa Bruedigan 512-924-6862 lisa.bruedigan@dshs.texas.gov

PCS contact Mary Beth Hanna, CTCD, CTCM 512-406-2544 MaryBeth.Hanna@hhs.texas.gov

2023 Calendar Year Membership Dues with Conference of Radiation Control Program Directors for: Emily Bishop, Karen Blanchard, Jason Callahan, Krystal Calloway, Carley Cardwell, Sai Yan Cheng, Shay Christian, Belinda Cronkright, Michelle De Luna, Harry Drake, William Duncan, James Durham, Anselmo Escamilla, Nina Fassell, Michael Feliciano, Christian Fernandez, Edward Flores, Stephanie Flores, Julio Garcia, Connie Gibson, Tim Gibson, Cesar Gonzales, Charlotte Gray, Bruce Hammond, Tony Haynes,

Class/Item

Gabrielle Howard, Robin Ilse, Mulan Jin, Kaye Jividen, Wendy Kaliszewski, Laurie Krnavek, Angelica Leal, Marie Luna, Candice Martin, Emily Murphy, Chris Myers, Jurij Popel, Ambrea Powers, Binu Rajan, Keeley Randolph, Christine Retherford, Shea Robertson, Nicole Roman, Tiffany Rushing, Kellie Saenz, Shawna Scarr, Emily Shen, Earlon Shirley, Darwin Stiles, Doug Susuras, Craig Sutton, Jeremy Tristan, JoTurkette, Brian Vamvakias, Forrest Weston, Tosha Williams, Carrie Willis, Cathy Wolfe, Jeff Wolfe

1-1 963-48 1.00 LOT 2876.25000 \$2.876.25 03/15/2023

## **Department of State Health Services**

## **Purchase Order**

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Net 30	erms Freight Terms Prepaid & Allow  by informal bid, Invitation for Offer, or Req	Ship Via BEST WAY	Purchase Order	Revision	HHSTX-3-0000311730		
specification	s, terms, and conditions set forth in the adve-	rtisement and vendor's	03/09/23	Revision		Page 2	
guarantees g requirement All shipmer	responses become a part of this numbered pu goods or services delivered meet or exceed nu s. hts, shipping papers, invoices, and correspondences.	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States				
Vendor:	1710477513 9 CONFERENCE OF RADIATION CON 201 BRIGHTON PARK BLVD STE 1 FRANKFORT KY 40601-3717 United States	VTROL PROGRAM	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: Email:	512/458-7442 invoices@dshs.texas.gov			
			Purchaser:	Hanna,Mary Beth			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Du	e Date	
			Sche	edule Total	\$2,876.25		
			Item Total	Item Total for Line 1 \$2,876.25			
			Total P	O Amount	\$2,876.25		

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 Both Hanna, CTCD, CTCM

03/09/2023