## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

ms Freight Terms	Ship Via	Durchase Order	HHSTX-3-0000311765	
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			Revision Page	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 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: Email:	512/458-7442 invoices@dshs.texas.gov	
	Prepaid & Allow by informal bid, Invitation for Offer, or R, terms, and conditions set forth in the ad sponses become a part of this numbered ods or services delivered meet or exceed  s, shipping papers, invoices, and correschase Order Number.  1060646755 2 CONNECTICUT CHILDREN'S MEI LOCKBOX CONNECTICUT CHILI PO BOX 411115 BOSTON MA 022411115	Prepaid & Allow BEST WAY by informal bid, Invitation for Offer, or Request for Proposal; all terms, and conditions set forth in the advertisement and vendor's sponses become a part of this numbered purchase order. Contractor ods or services delivered meet or exceed numbered purchase order s, shipping papers, invoices, and correspondence must be identified chase Order Number.  1060646755 2 CONNECTICUT CHILDREN'S MEDICAL CENTER LOCKBOX CONNECTICUT CHILDREN'S MEDICAL CENTER PO BOX 411115 BOSTON MA 022411115	Prepaid & Allow BEST WAY  Purchase Order by informal bid, Invitation for Offer, or Request for Proposal; all terms, and conditions set forth in the advertisement and vendor's sponses become a part of this numbered purchase order. Contractor ods or services delivered meet or exceed numbered purchase order  Ship To:  1060646755 2 CONNECTICUT CHILDREN'S MEDICAL CENTER LOCKBOX CONNECTICUT CHILDREN'S MEDICAL CENTER PO BOX 411115 BOSTON MA 022411115 United States  Fax:	

Quantity

Class/Item

**Purchaser:** 

**UOM** 

FY23 funding SP/ E Requisition # 220745 Pricing Per Quote# 25539 PO Service Dates 03/10/2023 to 08-31-2023

FY23- 2023 Help Me Grow National Membership Fee

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

Line-Sch

CONNECTICUT CHILDREN'S MEDICAL CENTER

Elisia Santa Maria Phone: 860-837-5686

Email: custsvc@connecticutchildrens.org

Agency contact Rosie Alier

Email: Rosie.Alier@dshs.texas.gov

PCS contact David Martinez Phone: 512-406-2597

Email: David.Martinez01@hhs.texas.gov

Quote\_Invoice\_\_\_25539

1-1 963-48 1.00 YR 3500.00000 \$3,500.00 03/10/2023 2023 Help Me Grow National Membership Fee Schedule Total \_\_\_\_\_\$3,500.00 \$3,500.00

Item Total for Line 1 \$3,500.00

Martinez, David

**Extended Amt** 

**Due Date** 

PO Price

Total PO Amount \$3,500.00

## **Department of State Health Services**

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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Itam Quantity	Purchaser:	Martinez, David  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** 

03/10/2023