Department of State Health Services

Purchase Order

Dispatch via Print

Extended Amt Due Date

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order		(-3-0000311870
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			Date 03/10/23	Revision	Page 1
guarantees governments All shipmen	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.			o: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSIG 1111 W North Loop Austin TX 78756 United States	
Vendor:	1237410799 8 COUNCIL OF STATE AND TERRIT 2635 CENTURY PKWY NE STE 700 ATLANTA GA 303453148 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	
			Purchaser:	Graham,Mary Ann	512/406-2487

Quantity

UOM

PO Price

Class/Item

FY23 funding SP/E Requisition 220958 Invoice #00456

Line-Sch

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 CSTE Membership 770-458-3811 sclinton@cste.org

Agency contact Robbie Breithaupt robbie.breithaupt@dshs.texas.gov

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

1-1 963-48 3.00 EA 60.00000 \$180.00 03/10/2023

Individual Active CSTE Memberships for HAYLEA STUTEVILLE, ELYES BENANTAR and HITENDRASINH THAKOR for period 08/20/2023 through 08/19/24.

Schedule Total	\$180.00
Item Total for Line 1	\$180.00
Total PO Amount	\$180.00

Department of State Health Services

Purchase Order

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00003118	70
specification	by informal bid, Invitation for Offer, or I has, terms, and conditions set forth in the ac	vertisement and vendor's	Date 03/10/23	Revision	age 2
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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.

