Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000312588	
specifications	by informal bid, Invitation for Offer, or Ros, terms, and conditions set forth in the adv	vertisement and vendor's	Date 03/21/23	Revision 1 - 3/21/2023	Page 1	
guarantees go requirements. All shipment	esponses become a part of this numbered pods or services delivered meet or exceed to ts, shipping papers, invoices, and corresponded Order Number.	numbered purchase order	Ship To:	5702 - Eagle Pass:1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States		
Vendor:	LA AMISTAD AHEC DBA SOUTHWEST BORDER AREA HEALTH EDUCATION CENTER STE G 1080 CROWN RIDGE BLVD EAGLE PASS TX 78852-3496		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

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

FY23 Funding SP/E 880/11

Requisition: 0000218832

United States

Purchase Order Term: March 21,2023 THRU August 31,2023

Goods and/or services are to be delivered and invoiced after September 1, 2022.

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 or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

VID: 1264647567

Vendor: LA AMISTAD AHEC

Contract Manager Itzel Cardenas

itzel.cardenas@dshs.texas.gov

PCS contact Rosalyn Lazare-Payne Work: 512-406-2402

Rosalyn. Lazare-Payne@hhs.texas.gov

1-1	Nutrition Education Southwest Border AHEC	880-11	1.00	EA	4950.00000	\$4,950.00	03/21/2023
					Schedule Total	\$4,950.00	
					Item Total for Line 1	\$4,950.00	
					Total PO Amount	\$4,950.00	

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e a part of this numbered purchase order. Contractor delivered meet or exceed numbered purchase order ers, invoices, and correspondence must be identified imber.	Ship To:			
1264647567 8 LA AMISTAD AHEC DBA SOUTHWEST BORDER AREA HEALTH EDUCATION CENTER STE G 1080 CROWN RIDGE BLVD EAGLE PASS TX 78852-3496 United States		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:	Lazare-Payne,Rosalyn D 512/406-2402 PO Price Extended Amt Due Date		
ı ID - Line Description	Class/Item Quanti			

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

Rosalyn Ligare Tayne CTCD

03/21/2023