Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-3-0000312686
specification	vertised by informal bid, Invitation for Offer, or Request for Proposal; all fications, terms, and conditions set forth in the advertisement and vendor's		Date 03/22/23	Revision	Page 1
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:	1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 United States	
Vendor:	1131628688 6 AMERICAN PUBLIC HEALTH AS PO BOX 933019 ATLANTA GA 311933019 United States	SOCIATION	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE H 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	EALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

FY23 funding SP/E Requisition 0000223816 Price Per Quote attached PO Service Dates 03/22/2023 to 08-31-2023 Attached Terms and Conditions apply to this Purchase Order.

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

Vendor: American Public Health Association

Contact: Customer Service Phone# 202-777-2400

Email alejandro.asin@apha.org Vendor ID# 1131628688

Agency contact Samuel Savala samuel.savala@dshs.texas.gov PCS contact Tori Naiser 512-971-8263 Tori.Naiser@hhs.texas.gov

1-1	Shannon Medrano - American Public Health Association new membership to organizational membership, customer # 10041787	963-48	1.00	YR	70.00000	\$70.00	04/15/2023
					Schedule Total	\$70.00	
shannon me	drano application attached.				Item Total for Line 1	\$70.00	-
					Total PO Amount	\$70.00	

Department of State Health Services

Purchase Order

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Payment Te		Ship Vi			1110TV 0 0000040000	
Net 30	Prepaid & Allow	BEST V		Purchase Order	HHSTX-3-0000312686	
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 03/22/23	Revision Page 2		
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Vendor:	ador: 1131628688 6 AMERICAN PUBLIC HEALTH ASSOCIATION PO BOX 933019 ATLANTA GA 311933019 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:	Naiser,Tori	
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.

Authorized By
Waise, CTCD

03/22/2023