Department of State Health Services

Purchase Order

					Dispa	tch via Print
Payment Terr Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	н	IHSTX-3-0	000312752
specifications,	y informal bid, Invitation for Offer, terms, and conditions set forth in th	e 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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	1510208800 0 ASSOCIATION FOR PROFESS 3721 WINDING WAY TYLER TX 757071665 United States	IONALS IN INFECTI	Bill To:			H SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas	s.gov	
			Purchasory	Andrews Kimberly	Q	72/337-6254
Line-Sch	Inventory Item ID - Line Descript	ion Class/Item Quantity	Purchaser: UOM	Andrews,Kimberly PO Price	Extended Amt	Due Date
NIGP: 963-3 AGENCY CC Williams,Rae HHSC BUYE Kimberly And Purchaser V- Procurement 801 S Hwy 1 Grand Prairie Teleworking- Office: 972-3 Kimberly.And	NTACT: R: Irews, CTCD Services Department and Contracting Services (PCS) 61 Suite 620, Office F e, Texas 75051 please call thru Microsoft 37-6254 Irews@hhs.texas.gov	Conference Registration 166 PO	BOX 79502 Baltimore	, MD 21279		
Not to Excee REQUIREME This PO is co	ENTS/LIMITATIONS: ontingent upon the continued ava 4 TAC §20.487, amended effecti		y the Texas Legislatur	e. FY2023 funding.		
	ANNA NUTT APIC 2023 CONFERENCE FULL CONFEREN MEMBER REGISTRATION (IN- PERSON)		EA	699.00000	\$699.00	03/22/2023
			Sche	dule Total	\$699.00	
			Item Total	for Line 1	\$699.00	

Department of State Health Services

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Payment Te	erms Freight Terms	Ship V	lia				•	tch via Print
Net 30	Prepaid & Allow	BEST	WAY		hase Order		HSTX-3-0	000312752
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 conforming responses became a part of this numbered purphese order.			Date 03/22	2/23	Revision		Page 2	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				Ship 7			:1111 W North Loop IUMAN SERVICES COMMISSION Loop	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					Austin TX 78756 United States			
Vendor:	1510208800 0 ASSOCIATION FOR PROFESSIONA 3721 WINDING WAY TYLER TX 757071665 United States	ALS IN INFECTI		Bill T		Invoice-DSHS Fiscal DEPARTMENT OF 1100 W 49th St (RBI PO Box 149347 Austin TX 78756 United States	STATE HEALTI	H SERVICES
						512/458-7442 invoices@dshs.texas	.gov	
				Purch	aser:	Andrews,Kimberly	97	72/337-6254
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date
2-1	CYNTHIA WILLIAMS APIC 2023 CONFERENCE FULL CONFERENCE MEMBER REGISTRATION (IN- PERSON)	963-37	1.00	EA	6	99.00000	\$699.00	03/22/2023
					Sched	ule Total	\$699.00	
					Item Total fo	or Line 2	\$699.00	
3-1	JOY ZIMMERMAN-BODI APIC 2023 CONFERENCE FULL CONFERENCE MEMBER REGISTRATION (IVIRTUAL)	963-37	1.00	EA	6	99.00000	\$699.00	03/22/2023
					Sched	ule Total	\$699.00	
					Item Total fo	or Line 3	\$699.00	
4-1	CONSUELO VALENZUELA APIC 2023 CONFERENCE FULL CONFERENCE MEMBER REGISTRATION (IN-PERSON)	963-37	1.00	EA	6	99.00000	\$699.00	03/22/2023
					Sched	ule Total	\$699.00	
					Item Total fo	or Line 4	\$699.00	
					Total PO	Amount	\$2,796.00	

Department of State Health Services

Purchase Order

D (T					
Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	Н	HSTX-3-0000312752
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 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.			Date 03/22/23	Revision	Page 3
			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
Vendor:	1510208800 0 ASSOCIATION FOR PROFESSIONA 3721 WINDING WAY TYLER TX 757071665 United States	LS IN INFECTI	Bill To:	Invoice-DSHS Fiscal DEPARTMENT OF 1100 W 49th St (RBI PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.	.gov
		~	Purchaser:	Andrews,Kimberly	972/337-6254
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant	ity 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	
Kimberly Andrews, CTCD	03/22/2023

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