Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		1111	OTV 0 0000040700		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	нн	ISTX-3-0000312766		
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			
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop				
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Austin TX 78756 United States			
Vandam 122	27/10700 9		Dill To.	Invoice DCUC Figural (loime		

Vendor: 1237410799 8

COUNCIL OF STATE AND TERRITORIAL EPIDEMI

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: 512/458-7442 invoices@dshs.texas.gov

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

CSTE Registration at the following: https://www.csteconference.org/index.php/2023-registration/

FY23

SP/E - Spot Purchase Up to \$10,000.00

NIGP: 963-37

AGENCY CONTACT:

Williams, Rae

HHSC BUYER:

Kimberly Andrews, CTCD
Purchaser V- Services Department
Procurement and Contracting Services (PCS)
801 S Hwy 161 Suite 620, Office F
Grand Prairie, Texas 75051
Teleworking-please call thru Microsoft

Office: 972-337-6254

Kimberly.Andrews@hhs.texas.gov

VENDOR:

CSTE National Office 770-458-3811

nationaloffice@cste.org

invoice Number: 2023AC-022023-0743 Invoice Number: 2023AC-022023-0752 Invoice Number: 2023AC-022023-0749 Invoice Number: 2023AC-022023-0768 Invoice Number: 2023AC-022023-0768 Invoice Number: 2023AC-022023-0769

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00 REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000220539

1-1 963-37 1.00 EA 685.00000 \$685.00 03/22/2023

Department of State Health Services

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			Ship To:	HEALTH & HUN	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
				Austin TX 78756 United States			
Vendor:	Vendor: 1237410799 8 COUNCIL OF STATE AND TERRITORIAL EPIDEMI 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		H SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.te	xas.gov		
			Purchaser:	Andrews,Kimber	.,	2/337-6254	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date	
	REGISTRATION						
			Se	chedule Total	\$685.00		
			Item Total for Line 1 \$685.00				

	REGISTRATION						
					Schedule Total	\$685.00	
					Item Total for Line 1	\$685.00	
2-1	ANGIE BENEDETTO CSTE CONFERENCE 2023 IN-PERSON REGISTRATION	963-37	1.00	EA	685.00000	\$685.00	03/22/2023
					Schedule Total	\$685.00	
					Item Total for Line 2		
3-1	NICOLE EVERT CSTE CONFERENCE 2023 IN-PERSON REGISTRATION	963-37	1.00	EA	685.00000		03/22/2023
					Schedule Total	\$685.00	
					Item Total for Line 3	\$685.00	
4-1	VANESSA PIERCE CSTE CONFERENCE 2023 IN-PERSON	963-37	1.00	EA	685.00000	\$685.00	03/22/2023
					Schedule Total	\$685.00	
					Item Total for Line 4	\$685.00	
5-1	SONYA AJANI CSTE CONFERENCE 2023 IN-PERSON	963-37	1.00	EA	685.00000	\$685.00	03/22/2023
					Schedule Total	\$685.00	
					Item Total for Line 5	\$685.00	
6-1	DANIELLE KIM CSTE CONFERENCE 2023 REGISTRATION IN-PERSON	963-37	1.00	EA	685.00000	\$685.00	03/22/2023

Department of State Health Services

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Payment To		Ship V			L	HHSTX-3-00	000212766
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			Ship To:	6694 - Austin:1111 HEALTH & HUM 1111 W North Loop Austin TX 78756 United States	MMISSION		
Vendor: 1237410799 8 COUNCIL OF STATE AND TERRITORIAL EPIDEMI 2635 CENTURY PKWY NE STE 700 ATLANTA GA 303453148 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SER 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		I SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texa			
				Purchaser:	Andrews,Kimberly	<i>ı</i> 97	2/337-6254
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche	dule Total	\$685.00	
				Item Total	for Line 6	\$685.00	
				Total P	O Amount	\$4,110.00	

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