Department of State Health Services

Purchase Order

Dispatch via Print Ship Via **Payment Terms** Freight Terms HHSTX-3-0000312767 Net 30 No Shipment Involved NO SHIP **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 03/22/23 1 conforming responses become a part of this numbered purchase order. Contractor 1905 - Arlington:1301 S Bowen Rd Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1301 S Bowen Rd All shipments, shipping papers, invoices, and correspondence must be identified Ste 200 with our Purchase Order Number. Arlington TX 76013 United States 1131628688 6 Bill To: Invoice-DSHS Fiscal Claims Vendor: AMERICAN PUBLIC HEALTH ASSOCIATION DEPARTMENT OF STATE HEALTH SERVICES PO BOX 933019 1100 W 49th St (RBB) ATLANTA GA 311933019 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Hernandez, Natalee Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date

FY23 funding SP/E Requisition 223828 Pricing per membership application PO Service Dates 3-23-2023 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 Customer Service 202-777-2400 alejandro.asin@apha.org

Agency contact Samuel Savala 817-264-4502 samuel.savala@dshs.texas.gov

PCS contact Natalee Hernandez 512-406-2555 Natalee.hernandez@hhs.texas.gov

1-1	Justin Brown, 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	
					Item Total for Line 1	\$70.00	
					Total PO Amount	\$70.00	

Department of State Health Services

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A P	131628688 6 MERICAN PUBLIC HEALTH ASSO O BOX 933019 JTLANTA GA 311933019 J nited States	CIATION	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE. 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
Line-Sch Inve	entory Item ID - Line Description	Class/Item Ouantity	Purchaser: UOM	Hernandez,Natalee	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	
Matalee Hemander, CTUD, CTUM	
	03/23/2023