## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHST	X-3-0000312876	
specifications, terr	formal bid, Invitation for Offer, or R ms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 03/23/23	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:	6: 1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 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		
Vendor: 1	420680460 2		Bill To:	Invoice-DSHS Fiscal Claim	ıs	

DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES IA 503114516

**United States** 

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

**Purchaser:** Alvarado, Veronica

FY23 Purchase / Requisition #: 0000222794

Procurement Type: SP/E Not to Exceed \$250.00

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 10 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Quote #QU-0492

Agency Contact: Liam Peterson @ 817-264-4562

LIAM.PETERSON@DSHS.TEXAS.GOV

Veronica Alvarado @ 512-406-2505 Veronica. Alvarado@hhs.texas.gov

Vendor Information **Drake University** Customer Service @ 515-271-4840 CUSTOMERSERVICE@CHARACTERCOUNTS.ORG

Inclusion (Set of 4); Item # 50-5050-E

Requirement / Limitations:

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

1-1 715-10 1.00 EA 250.00000 \$250.00 04/06/2023 Digital Lesson Series: Resilience and

> Schedule Total \$250.00 Item Total for Line 1 \$250.00

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

\$250.00

Payment T Net 30	Prepaid & Allow	Ship Via BEST W	AY	Purchase Order		HHSTX-3-00	000312876	
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				<b>Date</b> 03/23/23	Revision Pag			
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:	1420680460 2 DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES IA 503114516 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:	Alvarado, Veroni			
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

Veronica Alvarado, CTCV), CTCM

03/23/2023

Total PO Amount