## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

| Net 30   | 8  | BEST WAY Purchase Order   | HHST   | X-3-0000312922 |
|--|--|---|--|----------------|
| Net 30 Prepaid & Allow BEST WAY  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. |  | t for Proposal; all ment and vendor's ase order. Contractor ered purchase order  Date 03/23/23 Ship To: | Revision Page 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States |                |
| Vendor:  | 1237410799 8<br>COUNCIL OF STATE AND TERRITOR<br>2635 CENTURY PKWY NE STE 700<br>ATLANTA GA 303453148<br>United States | Bill To:<br>AL EPIDEMI  | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States  |                |
|  |  | Fax:<br>Email:  | 512/458-7442<br>invoices@dshs.texas.gov  |                |
|  |  | Purchaser:  | Wright,Byron Carl  | 512/406-2512   |

Quantity

**UOM** 

PO Price

Item Total for Line 1

Extended Amt

**Due Date** 

Class/Item

CSTE membership for Cynthia Williams FY23 funding SP/ E Requisition # 225056 Pricing per quote: PO Service Dates 03/23/2023 to 08-31-2023

Attached: Terms and Conditions apply to this Purchase Order.

**Inventory Item ID - Line Description** 

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

Line-Sch

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

Phone: 770-458-3811

Email: nationaloffice@cste.org

Agency contact Rae Williams

Rae.Williams@dshs.texas.gov

PCS contact Byron Wright CTCD 512-406-2512 Byron.Wright@hhs.texas.gov

1-1 963-48 1.00 EA 60.00000 \$60.00 03/27/2023
Council of State and Territorial
Epidemiologists Cynthia Williams

Schedule Total \$60.00

Request for CSTE Membership for Cynthia Williams

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

| ds or services delivered meet or exceed nun<br>shipping papers, invoices, and correspon   | isement and vendor's<br>chase order. Contractor<br>abered purchase order              | Date<br>03/23/23<br>Ship To:   |   |   | Page 2 MMISSION   |
|---|---|--|---|---|---|
| ds or services delivered meet or exceed nun<br>shipping papers, invoices, and correspon   | nbered purchase order   | Ship To:   | HEALTH & HUMAN  |   | MMISSION  |
| 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. |   |  | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States  |   |   |
| 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 |   | SERVICES  |
|   |   | Fax:<br>Email:   | 512/458-7442 invoices@dshs.texas.ş  | .gov  |   |
| nventow Item ID. Line Description   | Class/Itam Quantity   | Purchaser:   | Wright,Byron Carl   |   | 2/406-2512<br><b>Due Date</b>   |
| <u>r</u>  | COUNCIL OF STATE AND TERRITOR<br>2635 CENTURY PKWY NE STE 700<br>ATLANTA GA 303453148 | COUNCIL OF STATE AND TERRITORIAL EPIDEMI 2635 CENTURY PKWY NE STE 700 ATLANTA GA 303453148 United States | COUNCIL OF STATE AND TERRITORIAL EPIDEMI 2635 CENTURY PKWY NE STE 700 ATLANTA GA 303453148 United States  Fax: Email:           | COUNCIL OF STATE AND TERRITORIAL EPIDEMI  2635 CENTURY PKWY NE STE 700  ATLANTA GA 303453148  United States  Pax: 512/458-7442 Email: invoices@dshs.texas | COUNCIL OF STATE AND TERRITORIAL EPIDEMI 2635 CENTURY PKWY NE STE 700 ATLANTA GA 303453148 United States  PO Box 149347 Austin TX 78756 United States  Fax: 512/458-7442 Email: invoices@dshs.texas.gov |

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** 

Byron Wiight, CTCD,

03/23/2023