Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ten Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ТРИН	TX-3-0000313012
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 03/24/23	Revision Page	
guarantees go requirements All shipmen	esponses become a part of this numbered bods or services delivered meet or exceed ts, shipping papers, invoices, and correctase Order Number.	numbered purchase order	Ship To:	6694 - Austin:1111 W Nor HEALTH & HUMAN SER 1111 W North Loop Austin TX 78756 United States	
Vendor:	1742734257 5 NATIONAL TUBERCULOSIS CO 2452 SPRING RD SE SMYRNA GA 300803828 United States	NTROLLERS ASSOCI	Bill To:	Invoice-DSHS Fiscal Claim DEPARTMENT OF STAT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Wright.Byron Carl	512/406-2512

Quantity

UOM

PO Price

Extended Amt

Due Date

Class/Item

FY23 funding

Line-Sch

SP/E

Requisition 225162 Pricing per Quote Registration PO Service Dates 03-4-2023 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

Chanta Wilson Phone number cwilson.ntca@gmail.com

Agency contact

Michelle Ellison 737-255-4460 Michelle.Ellison@dshs.texas.gov

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

1-1 972-32 1.00 EA 650.00000 \$650.00 03/31/2023

NTCA Conference Registration Adrienne Fung

Schedule Total \$650.00

NTCA registration for Adrienne Fung

Item Total for Line 1 \$650.00

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Prepaid & Allow bid, Invitation for Offer, or Reques d conditions set forth in the advertise come a part of this numbered purch ices delivered meet or exceed numb a papers, invoices, and correspond er Number.	st for Proposal; all ement and vendor's use order. Contractor bered purchase order	Purchase Order Pate 3/24/23 hip To:	Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756	
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NAL TUBERCULOSIS CONTRO PRING RD SE NA GA 300803828 States		sill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
		Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
			Wright,Byron Carl 512/406-25 PO Price Extended Amt Due Da	
			Purchaser: em ID - Line Description Class/Item Quantity UOM	

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
Byon Wiight, CTCD,

Total PO Amount

03/24/2023

\$650.00