## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Net 30 If advertised specifications	Payment Terms Freight Terms Ship Via  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		Purchase Order Date 03/24/23	HHSTX-3-0000313092  Revision Page 1
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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
Vendor:	1810763727 6 YELLOWBOOK-CPE LLC PO BOX 202138 AUSTIN TX 787202138 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: Email:	512/458-7442 invoices@dshs.texas.gov
			Purchaser:	Ridley,Nadeen Nmn

Quantity

**UOM** 

PO Price

**Extended Amt** 

**Due Date** 

Class/Item

FY23 funding SP/E Requisition #226050

Line-Sch

PO Service Dates 03-24-2023 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 YELLOWBOOK-CPE LLC ATTN: LEITA H FANTA support@yellowbook-cpe.com https://yellowbook-cpe.com/ (979-493-5569)

Agency contact Olivia. Harrell (512) 776-6192 olivia.harrell@dshs.texas.gov

PCS Contact Nadeen Ridley nadeen.ridley@hhS.texas.gov

1-1 924-16 16.00 EA 221.25000 \$3,540.00 04/04/2023 FY23 6 Hr Audit Findings Seminar - 16 COVID staff

 Schedule Total
 \$3,540.00

 Item Total for Line 1
 \$3,540.00

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Te		Ship Via		LUICTY 2 222242222
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000313092
specification	by informal bid, Invitation for Offer, or Red ns, terms, and conditions set forth in the adve	ertisement and vendor's	<b>Date</b> 03/24/23	Revision Page 2
guarantees g requirements	responses become a part of this numbered process or services delivered meet or exceed notes.  nts, shipping papers, invoices, and corresponders.	umbered purchase order	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
_	urchase Order Number.			
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			Purchaser:	Ridley,Nadeen Nmn
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date
			Total P	O Amount \$3,540.00

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

Valore Street, ETCD, CTCM

03/28/2023