Health and Human Services Commission

Purchase Order

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		Dispa	tch via Print	
hase Order	HI	HSTX-4-00		
/23	levision		Page	
H 11 A	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES C 1111 W North Loop Austin TX 78756 United States		OMMISSION	
Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVIC 4601 W Guadalupe St Austin TX 78751 United States			CES COMMISSION	
	12/424-6901 IHSC_AP@hhsc.stat	te.tx.us		
naser: G	Graham, Mary Ann	51	12/406-2487	
		Extended Amt	Due Date	
uantities of good	egislature and ma ds/services or dolla received by the ag	ar amounts with	respect to this	
4(0.00000	\$40.00	09/11/2023	
	4	40.00000	40.00000 \$40.00	

	L L				Schedule Total Item Total for Line 1	\$40.00 \$40.00	
2-1	Document Fraud Course Registration for Steve Summers. Invoice #04559 Course Date: September 12, 2023	924-41	1.00	EA	20.00000	\$20.00	09/11/2023

Health and Human Services Commission

Purchase Order

Payment Terr	ms Freight Terms	Ship V	/ie				
Net 30	Prepaid & Allow	BEST		Purchase Order	H	IHSTX-4-00	00328246
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 09/11/23	Revision Pa				
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			Ship To:	6694 - Austin:1111 HEALTH & HUMA 1111 W North Loop Austin TX 78756	MMISSION		
with our Purchase Order Number.				United States			
Vendor:	1742524096 1 ASSOCIATION OF CERTIFIED FRA CERTIFIED FRAUD EXAMINERS 716 WEST AVE AUSTIN TX 787012727 United States	UD EXAMINER	RS	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.st	ate.tx.us	
				Purchaser:	Graham,Mary Ann	51	2/406-2487
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche Item Total f	dule Total	\$20.00 \$20.00	
				Total P	O Amount	\$60.00	

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

Maryan Graham CTCD

09/11/2023

Dispatch via Print