

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000328340
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.			Date 09/12/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

Vendor: 1882588865 6
ARLINGTON NORTH HOSPITALITY LP
DBA LA QUINTA ARLINGTON NORTH
825 N WATSON RD
ARLINGTON TX 760115152
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: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Coleman, Rosetta V 512/406-2677

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
SP/E

Requisition 0000241482 Pricing per Quote 1,890.00

PO Service Dates 09/12/2023 to 08-31-2024

Attached Terms and Conditions apply to this Purchase Order.
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 08-31-2024 are automatically canceled

Vendor contact
18825888656

Phone number: 817-640-4142
Email address: lqarn@whitestonhm.com

Agency contact

First and Last Name: Mia Simmons
Phone number: (737) 218-7067
Email address: Mia.Simmons@dshs.texas.gov

PCS contact: Rosetta Coleman, CTCM, CTCD
Phone number: (512)-406-2677
Email address: rosetta.coleman03@hhs.texas.gov

1-1	FDA Milk Training conference room for September 17-21,2023	963-37	1.00	UNT	1890.00000	\$1,890.00	09/12/2023
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Schedule Total	\$1,890.00
Item Total for Line 1	\$1,890.00

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		Ship To:	4544 - Austin:1111 W North Loop DEPARTMENT OF STATE HEALTH SERVICES 1111 W North Loop Austin TX 78756 United States

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Total PO Amount \$1,890.00

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

Rosetta Coleman, CTCM, CTCO

09/12/2023