Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	8	Ship Via	Donal a confess	ннсту_	4-0000335565	
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			Purchase Order Date 12/21/23	Revision	Page	
guarantees go requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceeds. tts, shipping papers, invoices, and correctase Order Number.	d numbered purchase order	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	1237451671 9 NATIONAL CANCER REGISTRA 1330 BRADDOCK PL STE 520 ALEXANDRIA VA 223141650 United States	RS ASSOCIATION I	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	EALTH SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		

Exempt Reason: N/A

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

FY24 funding SP/F

Requisition 247212 - Pricing per website screenshot dated 12/05/2023

PO Service Dates 01/01/2024 to 08/31/2024

Goods or services are to be delivered and invoiced after January 1, 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 Rita Williams 703-299-6640 Ext. 310 Rwilliams@ncra-usa.org

Agency Contact Rosalinda Wilczynski 512-776-6457 Rosalinda.wilczynski@dshs.texas.gov

PCS Contact Heather De La Rosa Heather.delarosa@hhs.texas.gov

Please note the following on the PO for DSHS internal purpose of invoices, deliveries, and communication to vendor:

- 1. To Vendor: Send invoice with purchase order number to DSHS Invoices email address Invoices@dshs.texas.gov.
- 2. DSHS Accounts Payable: Send approval claim forms to EEDRS.Invoices@dshs.texas.gov, Attention: Becky Balfour
- 3. SCOR Division in CAPPS #22 DSHS Community Health Improvement.

Harbert (NCRA ID #16146)

1-1 963-48 1.00 EA 105.00000 \$105.00 12/21/2023

National Cancer Registrars Association
2024 Annual Active Membership Dues
for Texas Cancer Registry Staff Cheryl

Schedule Total \$105.00

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Term	ns Freight Terms	Ship V	/ia			Блори	tch via Prin		
Net 30	Prepaid & Allow	BEST		Purchase Orde	r	HHSTX-4-0000335565			
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.				Date 12/21/23	Revision	Revision Pag			
				Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States				
Vendor: 1237451671 9 NATIONAL CANCER REGISTRARS ASSOCIATION I 1330 BRADDOCK PL STE 520 ALEXANDRIA VA 223141650 United States			Bill To:						
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov				
Exempt Reason	n: N/A			Purchaser:	De La Rosa,F	Heather M			
Line-Sch I	nventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date		
				Item Total	for Line 1	\$105.00			
2	National Cancer Registrars Association 1024 Annual Certified Tumor Registrars CTR) Maintenance Fee for Cheryl Harbert	963-48	1.00	EA	35.00000	\$35.00	12/21/2023		
				Sch	edule Total	\$35.00			

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

Hearty Dankow, CTCD

12/21/2023

Item Total for Line 2 _____ \$35.00

Total PO Amount

\$140.00