

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000335568</b>
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.			<b>Date</b> 12/21/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 1/8/2024
			<b>Page</b> 1
			<b>Ship To:</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop 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:** 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

**Exempt Reason:** N/A

**Purchaser:** De La Rosa, Heather M

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 247231 - Pricing per quote  
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:
- To Vendor: Send invoice with purchase order number to DSHS Invoices email address Invoices@dshs.texas.gov.
  - DSHS Accounts Payable: Send approval claim forms to EEDRS.Invoices@dshs.texas.gov, Attention: Becky Balfour
  - SCOR Division in CAPPs - #22 DSHS Community Health Improvement.

1-1	National Cancer Registrars Association 2024 Annual Active Membership Dues for Texas Cancer Registry Staff Jihan Solis (NCRA ID #153788)	963-48	1.00	EA	105.00000	\$105.00	12/21/2023
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**Schedule Total**                     \$105.00

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**Purchaser:** De La Rosa, Heather M

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<b>Item Total for Line 1</b>							\$105.00
2-1	National Cancer Registrars Association 2024 Annual Certified Tumor Registrars (CTR) Maintenance Fee for Jihan Solis (CTR #2022189)	963-48	1.00	EA	35.00000	\$35.00	12/21/2023
<b>Schedule Total</b>							\$35.00
<b>Item Total for Line 2</b>							\$35.00
<b>Total PO Amount</b>							\$140.00

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**

*Heather De La Rosa, CTCD*

**01/08/2024**