## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			· ·	00225070
Net 30 If advertised by infor	Prepaid & Allow rmal bid, Invitation for Offer, or Red	BEST WAY	Purchase Order Date	☐ Revision	IHSTX-4-00	00333870 Page
specifications, terms,	, and conditions set forth in the adve	ertisement and vendor's	01/02/24			1
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.			Ship To: d	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor: 1042760899 6 CERTIFICATION BOARD OF INFECTION CONTROL 1400 CRYSTAL DR STE 900 ARLINGTON VA 222024153 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		SERVICES	
			Fax: Email:	512/458-7442 invoices@dshs.texas	s.gov	
Exempt Reason: N/	A			Malasiah ( Assas		
Line-Sch Invent	tory Item ID - Line Description	Class/Item Quanti	Purchaser: tv UOM	Mcknight,Aaron PO Price	Extended Amt	Due Date
FY24 funding SP/E	9 Pricing per Quote dated 12/20	X				
Attached Terms an	nd Conditions apply to this Purch	ase 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 Certification Board of Infection Control 202-454-2625 info@cbic.org

Agency Contact Rae Williams 512-776-2680 Rae.williams@dshs.texas.gov

PCS Contact Aaron McKnight 512-776-3352 Aaron.mcknight1@hhs.texas.gov

1-1	Certification Board of Infection Control CIC Exam	924-20	25.00	EA	395.00000	\$9,875.00	01/19/2024
					Schedule Total	\$9,875.00	
					Item Total for Line 1	\$9,875.00	
					Total PO Amount	\$9,875.00	

## **Department of State Health Services**

## **Purchase Order**

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-4-0000335870
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			<b>Date</b> 01/02/24	Revision Page 2
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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov
Exempt Rea	ason: N/A		Purchaser:	Mcknight,Aaron
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date

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	
fum? Shat	<u>01/02/2024</u>

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