Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	C	Ship Via	Bunchasa Ondan	тенн	X-4-0000336209
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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Purchase Order Date 01/08/24	Revision	Page 1
			Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
with our Pur	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				
Vendor:	1861067977 3 REGISTRAR CORP 144 RESEARCH DR HAMPTON VA 236661339 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

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

FY24 Purchase / Requisition #: 0000251872

Procurement Type: SP/E Not to Exceed \$1,495.00

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 10 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Quote #: 323882

Primary Contact: Brandy Gibson @ 512-696-4357 brandy.gibson@dshs.texas.gov

Purchaser:

Veronica Alvarado @ 512-406-2505 Veronica.Alvarado@hhs.texas.gov

Vendor Information:

Registrar Corp

Customer Service @ 757-224-0177

in fo@registrar corp.com

Requirement / Limitations:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022.

1-1 963-39 1.00 EA 1495.00000 \$1,495.00 01/22/2024

Renewal of Drug Agent Service (Valid

until December 31, 2024)

 Schedule Total
 \$1,495.00

 Item Total for Line 1
 \$1,495.00

Department of State Health Services

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-0000336209	
specification	by informal bid, Invitation for Offer, or Re	ertisement and vendor's	Date 01/08/24	Revision Page 2	
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			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
Exempt Reason: N/A			Purchaser:	Alvarado, Veronica	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant	tity UOM	PO Price Extended Amt Due Date	

Total PO Amount \$1,495.00

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

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By

Veronica Alvarado, CTCD, CTCM

01/08/2024