Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4	-0000340081
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			Date 03/05/24	Revision 1 - 3/5/2024	Page 1
guarantees go requirements. All shipment	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.			5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States	
Vendor:	1360724760 1 ACADEMY OF NUTRITION AND COMMISSION ON DIETETIC REG PO BOX 4727 CAROL STREAM IL 60197-4727 United States		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	S COMMISSION
			Fax: Email:	210/531-7883 SAHAccounting@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 IT/D

Requisition: 0000254655

Continuation of Service 4-1-2024 through 3-31-25

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 or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

Vendor contact: VID 1360724760 Melinda Nordena 312-899-4843 ncmsupport@eatright.org

Facility contact: Leland Clancy 830-258-5211 h.clancy@hhs.texas.gov

PCS contact: Ashley Powers, CTCD 512-776-2794 Ashley.Powers@hhs.texas.gov

1-1 956-35 1.00 SRV 191.00000 \$191.00 03/05/2024

(for food servie) Nutrition Care Manual, Subscription 4-1-23 thru 3-31-24, Invoice #9107, customer # 01031360

Schedule Total	\$191.00
Item Total for Line 1	\$191.00

\$191.00

Total PO Amount

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter	ě .	Ship Via		1111CTV 4 00000	10001
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-00003	40081
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision	Page
	specifications, terms, and conditions set forth in the advertisement and vendor's			1 - 3/5/2024	2
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			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	
Exempt Reas	on: N/A		Purchaser:	Powers, Ashley	

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.

Quantity

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.

UOM

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

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

(Shley Powers, CTCD)

PO Price

03/05/2024

Extended Amt

Due Date