Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te		Ship Via			EV 4 0000040440	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	ннэ і	ΓX-4-0000340110	
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision	Page	
1	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					
				6694 - Austin:1111 W North Loop		
requirements		a numbered purchase order	•	HEALTH & HUMAN SERVICES COMMISSION		
		espandance must be identified		1111 W North Loop		
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Austin TX 78756		
with our Tu	renase Order Adminer.			United States		
Vendor:	1461452701 9		Bill To:	Invoice-DSHS Fiscal Claim	ıs	
, 011401	NATIONAL FORUM OF STATE N	NURSING WORKFOR		DEPARTMENT OF STATE HEALTH SERVICES		
	PO BOX 117			1100 W 49th St (RBB)		
	NORTHWOOD ND 58267-0117			PO Box 149347		
	United States			Austin TX 78756		
				United States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		
	27/4					
Exempt Rea	ason: N/A					

FY24 funding

SP/E

Line-Sch

Requisition 0000257394 Pricing per Invoice # 1185

Attached Terms and Conditions apply to this Purchase Order.

Inventory Item ID - Line Description

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.

Quantity

Class/Item

Purchaser:

UOM

Bovea, Taylor

Extended Amt

Due Date

PO Price

Vendor contact: National Forum of State Nursing Workforce Centers 218-791-1461 info@nursingworkforcecenters.org

Agency contact: Romey Armstrong 512-776-2267 Romey.armstrong@dshs.texas.gov

Pamela Lauer 512-776-6723 Pamela.Lauer@dshs.texas.gov

PCS contact: Taylor Bovea, CTCD, CTCM Taylor.bovea@hhs.texas.gov 512-776-2210

1-1 963-37 1.00 EA 1500.00000 \$1,500.00 04/01/2024

FY24 National Forum of State Nursing Workforce Centers annual conference exhibit table - Dates: June 17-19, 2024.

Attendee: Pam Lauer

Schedule Total	\$1,500.00
Item Total for Line 1	\$1,500.00

Department of State Health Services

Purchase Order

Dispatch via Print

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship \ BEST	Via WAY	Purchase Order		HHSTX-4-00003401
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	Pa
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:			
Vendor:	1461452701 9 NATIONAL FORUM OF STATE NURSING WORKFOR PO BOX 117 NORTHWOOD ND 58267-0117 United States		FOR	Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		T OF STATE HEALTH SERVICES (RBB)
				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov
Exempt Re	ason: N/A			Purchaser:	Bovea,Taylor	
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
Type Boxea, CTCD, CTCM

Total PO Amount

03/05/2024

\$1,500.00