Department of State Health Services

Purchase Order

Dispatch via Print

Extended Amt

PO Price

Due Date

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-000034173	
specification	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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Pag	
guarantees g requirements All shipmen				6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States	
Vendor:	1237410799 8 COUNCIL OF STATE AND TERRI' 2635 CENTURY PKWY NE STE 70 ATLANTA GA 303453148 United States	DUNCIL OF STATE AND TERRITORIAL EPIDEMI 35 CENTURY PKWY NE STE 700 FLANTA GA 303453148		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
Exempt Rea	son: N/A		Purchaser:	Meza,Luis	

FY24 funding

Line-Sch

SP/E Requisition 0000260509 Pricing per Email PO Service Dates 03/25/2024 to 08/31/2024

Class/Item

Goods and/or services are to be delivered and invoiced after September 1, 2023.

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

UOM

Vendor contact COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS nationaloffice@cste.org

Inventory Item ID - Line Description

Program contact Rae Williams Rae.Williams@dshs.texas.gov

PCS contact Luis Meza Luis.meza@hhs.texas.gov

1-1 963-48 1.00 EA 60.00000 \$60.00 04/09/2024

Council of State and Territorial Epidemiologist membership for Gretchen Rodriguez

Schedule Total \$60.00

Item Total for Line 1 \$60.00

Total PO Amount

Department of State Health Services

Purchase Order

Dispatch via Print

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	ĺ	HHSTX-4-00	00341737
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 03/25/24	Revision		Page 2
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Vendor:	1237410799 8 COUNCIL OF STATE AND TERRITORIAL EPIDEMI 2635 CENTURY PKWY NE STE 700 ATLANTA GA 303453148 United States		I	Bill To: Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States		OF STATE HEALTH SERVICES (RBB)	
				Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov	
Exempt Re	ason: N/A			Purchaser:	Meza,Luis		
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

03/26/2024