

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000343926</b>
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.			<b>Date</b> 04/17/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 5702 - Eagle Pass: 1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States

**Vendor:** 7010841110 2  
ADRIAN D DAVILA  
565 N BRAZOS ST  
EAGLE PASS TX 788524749  
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:** CLIENT PURCHASES

**Purchaser:** Bovea, Taylor

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

FY24 funding  
EX/0 - TGC 2155.144(b)(b-1)(2) Client Purchases  
Requisition 0000259589 - Pricing per PDF Quote dated 03/08/2024  
PO Service Dates 09/01/2023 to 08/31/2024

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.

Vendor contact:  
Adrian Davila  
(830)513-8803  
adrian.davila@eaglepasstx.us

Agency contact:  
Nellyda Mata  
nellyda.mata@dshs.texas.gov

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

1-1	Youth Cardiopulmonary Resuscitation Certification Class and First Aid Course, Training dates: May 20th-24th, 2024.	924-42	1.00	EA	3000.00000	\$3,000.00	04/17/2024
-----	--	--------	------	----	------------	------------	------------

<b>Schedule Total</b>	\$3,000.00
<b>Item Total for Line 1</b>	\$3,000.00
<b>Total PO Amount</b>	\$3,000.00

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000343926</b>
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.			<b>Date</b> 04/17/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 2
			<b>Ship To:</b> 5702 - Eagle Pass: 1593 S Veterans DEPARTMENT OF STATE HEALTH SERVICES 1593 S Veterans Blvd Eagle Pass TX 78852 United States

**Vendor:** 7010841110 2  
ADRIAN D DAVILA  
565 N BRAZOS ST  
EAGLE PASS TX 788524749  
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:** CLIENT PURCHASES

**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**

*Taylor Bovea, CTCO, CTCM*

**04/17/2024**