

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000345859
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.			Date 05/07/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

Vendor: 1350894354 8
INTERNATIONAL ASSN FOR FOOD PROTECTION I
2900 100TH ST STE 309
DES MOINES IA 50322-3855
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

Purchaser: Bovea, Taylor

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
SP/E
Requisition 0000266861 - Pricing per Registration Forms

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/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:
International Association for Food Protection
800-369-6337
info@foodprotection.org

Agency contact(s):
Dene Thompson
512 776-2457
dene.thompson@dshs.texas.gov

Chris Malota
512-776-7611
chris.malota@dshs.texas.gov

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

1-1	IAFP MEMBER REGISTRATION FOR ANNUAL IAFP MEETING, JULY 14-17, 2024, ATTENDEE: CHRIS MALOTA (IAFP MEMBER), early rate	963-37	1.00	EA	650.00000	\$650.00	05/07/2024
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Schedule Total _____ \$650.00

Item Total for Line 1 _____ \$650.00

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

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Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Exempt Reason: N/A

Purchaser: Bovea, Taylor

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	NON-MEMBER REGISTRATION FOR ANNUAL IAFP MEETING, JULY 14-17, 2024, ATTENDEE: MONICA KINGSLEY (NON-IAFP MEMBER), early rate	963-37	1.00	EA	915.00000	\$915.00	05/07/2024
Schedule Total						\$915.00	
Item Total for Line 2						\$915.00	
Total PO Amount						\$1,565.00	

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 the contract.

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

Authorized By 	05/07/2024
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