



Texas Dept of Motor Vehicles
Purchase Order # 60800 000002367

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **NA** PCC: **E** Date: **03/22/16** PO Method: **DG** Dispatch: **Dispatch Via Print** Rev Dt:

PLEASE NOTE: ADDITIONAL TERMS AND CONDITIONS ARE LISTED AT THE END OF THE PURCHASE ORDER.

Vendor: TEXAS PUBLIC HEALTH ASSOCIATION
PO BOX 201540
Austin TX 78720-1540
United States

Ship To: 1P00
4000 Jackson Avenue
Austin TX 78731
United States

Vendor ID: 1746058233

Purchaser: Rhonda Lee Gips
Phone: 512/465-4199
Fax: 512/465-5641
Email: Rhonda.Gips@txdmv.gov

Bill To: 4000 Jackson Avenue
Austin TX 78731
United States

Fax:
Email: DMV_FIN-INVOICES@TxDMV.gov

PO Information:

Change orders will be allowed only if unforeseen conditions arise such as, but not limited to, increasing or decreasing quantities or if the department needs dictate changes. All changes shall be in the scope of original work. No verbal change orders shall be permitted. All change orders must be in writing with a Purchase Order Change Notice (POCN) issued by TxDMV Purchasing Section.

Payment:

Payment will be made in accordance with the Texas Prompt Payment Act, TGC, Subtitle F, Chapter 2251. Vendor shall submit one copy of a correct itemized invoice showing the purchase order number, payee ID., remit to address, and phone number on invoice. Vendors may submit an electronic invoice. All electronic invoices shall be sent to DMV_FIN-INVOICES@TxDMV.gov (note: There is an underscore "_" between DMV and FIN). All invoices received at the email address will be filed for future reference and you will receive a receipt confirmation email. To avoid the confusion of duplicate invoices, please do not send other copies of this invoice via regular mail, fax or other means. On emails for electronic invoices, include the company name (as it appears on the invoice) and the purchase order number in the subject line to assist in identifying and processing your invoices in a timely manner. TxDMV will not incur any penalty for late payment if payment is made in 30 days or less from receipt of goods or services and a correct invoice, whichever is later.

Note: Warrants will not be issued to a vendor without a current Texas Identification Number.

TxDMV Contact: Margaret Barker - 512-465-4134 or Margaret.Barker@TxDMV.gov

Vendor Contact: Rocky Payne - 512-776-3672 or Rocky.Payne@dshs.state.tx.us

Authorized Signature

Rhonda Gips

03/22/2016



Texas Dept of Motor Vehicles
Purchase Order # 60800 0000002367

Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date	
1- 1	State Agency Wellness Conference JJ Pickle Research Campus, Austin, TX May 11, 2016 8:30 am - 4:30 pm Attendee: Margaret Barker	963/37	1.0000	EA	85.00000	85.00	04/11/2016	
						Schedule Total	<input type="text" value="85.00"/>	
						ReqID: 0000002629		
Note: All payments must be completed within 30 days of the event.							Item Total for Line # 1	<input type="text" value="85.00"/>

Total PO Amount

All Shipments, Shipping papers, invoices and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to Shipment.

Terms and Conditions:

Texas Department of Motor Vehicles Standard Terms and Conditions can be found at: <http://www.txdmv.gov/contractors-vendors>

Authorized Signature

Phonda Lopez

03/22/2016

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Enter search string



TPHA

TEXAS PUBLIC HEALTH ASSOCIATION



HOME > 2016 State Agency Wellness Conference > Registration

2016 State Agency Wellness Conference

[Add to my calendar](#)

Review and confirm

Event 2016 State Agency Wellness Conference
11 May 2016 8:30 AM - 4:30 PM (UTC-06:00)
Location: JJ Pickle Research Campus-Commons Center

Registration type a) Participant - \$85.00

Total amount **\$85.00 (USD)**

Payment instructions For MANUAL payment option mail your payment to: TPHA, PO Box 201540, Austin, Texas 78720-1540.
Tax ID # 74-6058233

Mail payment to: TPHA
PO Box 201540
Austin, Texas 78720-1540

All payments must be completed within 30 days of the event.

[Cancel](#)

[Back](#)

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Registration information

First name Margaret

Last name Barker

Prof. Credentials

Organization Texas Department of Motor Vehicles

e-Mail margaret.barker@txdmv.gov

Phone 512-465-4134

Mailing Address 4000 Jackson Ave

City, State Zip Austin, TX 78731

Fax

Cell Phone Number

Notes

Please indicate which past State Agency Wellness Conferences you have attended: 2014

Please indicate your wellness role in your agency Wellness Liaison

If other, please describe below.

How long have you been in your wellness role? 5 years

Please select the response(s) below that best describe your position within your agency: Benefits Coordinator

If other, please describe your position within your agency.

LUNCH ORDER Turkey Sandwich

Purchase Order: 60800 0000002367

Public list of event registrants

Do not include name in list of event registrants

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