



Texas Department of Insurance
Purchase Order # 45400 16-0360

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **VNDR** PCC: **H** Date: **09/18/15** 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: Citibank
Travel Central Bill Acct CBA Payments
PO Box 183173
Columbus OH 43218-3173
United States

Ship To: 2F0032
7915 Cameron Road
Austin TX 78754
United States

Vendor ID: 1460358360

Purchaser: JoAnn Johnson
Phone: 512/676-6150
Fax: 512/463-6159
Email: joann.johnson@tdi.texas.gov

Bill To: Attn: Acctng - Mail Code 108-3A
P. O. Box 149104
Austin TX 78714-9104
United States

Fax:
Email: Invoices@tdi.texas.gov

PO Information:

Exhibit Booth Fee:
11th Annual Breast Health Summit
Date: November 2nd - 3rd, 2015
Location: Bayou City Event Center
Attendee: Falecia Rivers

TDI has determined an advance payment is required due to the following circumstances. A state agency may make an advance payment to a vendor who is selling specialized or proprietary goods or services to the agency if the vendor requires the payment to be made in advance. (Reference State of Texas Purchase Policies and Procedures Guide, Chapter 2, Section 2.002)

Authorized Signature

JoAnn Johnson, CFP

09/18/2015



Texas Department of Insurance
Purchase Order # 45400 16-0360

Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
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1- 1	Exhibit Booth Fee: 11th Annual Breast Health Summit Date: November 2nd - 3rd, 2015 Location: Bayou City Event Center Attendee: Falecia Rivers	963/64	1.0000	EA	275.00000	275.00	09/18/2015
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Schedule Total

ReqID:
0000014328

Exhibit Booth Fee:
11th Annual Breast Health Summit
Date: November 2nd - 3rd, 2015
Location: Bayou City Event Center, 9401 Knight Rd., Houston, TX 77045
Attendee: Falecia Rivers

Note to purchasing: see attachment for registration information.

Exhibit booths are assigned on a first-come first-served basis.

Vender requires pre-payment to be received by Friday, October 23, 2015 or sooner.

Make check payable to:
Breast Health Collaborative of Texas

Please mail check and completed registration form to:
Breast Health Collaborative of Texas
2990 Richmond Avenue, Suite 310
Houston, Texas 77098

Contact: Jenna Streusand, Program Coordinator
Phone: 713-777-3200
Fax: 713-588-8971

E-mail: jstreusand@bhctexas.org

Item Total for Line # 1

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.

Authorized Signature

Jenna Johnson, CFP

09/18/2015



Texas Department of Insurance
Purchase Order # 45400 16-0360

Terms and Conditions:

The Purchase Order Terms and Conditions can be found at:

<http://www.tdi.texas.gov/general/aspurch.html>

Authorized Signature

Jean Johnson, CFP

09/18/2015