



Texas Department of Insurance
Business Unit # 45400
Purchase Order # 16-2169

Payment Terms: NET30 Freight Terms: FOB Destination Ship Via: VNDR PCC: E Date: 08/29/16 PO Method: DG Dispatch: Dispatch Via Print Rev Dt:

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

Vendor: DEAF INTERPRETER SERVICES INC
PO Box 700047
SAN ANTONIO TX 78270-0047
United States

Ship To: 2M0001 - Metro Office
7551 Metro Center Drive, Suite 100
Austin TX 78744
United States

Vendor ID: 1742963869 9

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

Purchaser: Andrea Toscano

Phone: 512/676-6142

Fax: 512/463-6159

Email: andrea.toscano@tdi.texas.gov

Fax:

Email: Invoices@tdi.texas.gov

PO Information:

Invoicing: To ensure prompt payment, the vendor must include the following information on all the invoices: (1) the above reference PO Number (2) the above referenced Vendor ID No., and (3) any other relevant information that will confirm purchase. Failure to comply may delay payment process or cause invoice to be returned.

Certification: The terms of the contract are considered complete and payment can be made when the terms and conditions of the order have been met and the goods and/or services have been certified.

Attachment "A-1" Terms and Conditions become part of this Purchase Order.

***** ENSURE PO# APPEARS ON INVOICE AND FORWARD TO: invoices@tdi.texas.gov *****

Authorized Signature

Handwritten signature of Andrea Toscano

08/29/2016



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Business Unit # 45400
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| Line-Sch | Line Description | Class/Item | Quantity | UOM | Unit Price | Extended Amt | Due Date |
|----------|------------------|------------|----------|-----|------------|--------------|----------|
|----------|------------------|------------|----------|-----|------------|--------------|----------|

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|--|------------------------------------|--------|--------|----|----------|--------------------------------|---------------------------------------|
| 1- 1 | Sign Language Interpreter Services | 961/46 | 1.0000 | EA | \$400.00 | \$400.00 | 08/29/2016 |
| | | | | | | Schedule Total | <input type="text" value="\$400.00"/> |
| ReqID: 0000016678 | | | | | | | |
| REQUEST FOR REASONABLE ACCOMMODATIONS UNDER TITLE II OF THE ADA Sign language interpreter services are needed in the SAN ANTONIO field office so that IE RIANO may participate in his dispute resolution process on August 23, 2016 at 10:00am. Field Office Contact: Debbie Green 800-252-7031 x 31500 ** TIBH was unable to provide services and a waiver was provided to allow the use of DEAF INTERPRETER SERVICES, INC. (see attached) | | | | | | | |
| | | | | | | Item Total for Line # 1 | <input type="text" value="\$400.00"/> |

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|---|------------------------------------|--------|--------|----|----------|--------------------------------|---------------------------------------|
| 2- 1 | Sign Language Interpreter Services | 961/46 | 1.0000 | EA | \$400.00 | \$400.00 | 08/29/2016 |
| | | | | | | Schedule Total | <input type="text" value="\$400.00"/> |
| ReqID: 0000016677 | | | | | | | |
| REQUEST FOR REASONABLE ACCOMMODATIONS UNDER TITLE II OF THE ADA Sign language interpreter services are needed in the SAN ANTONIO field office so that IE RIANO may participate in his dispute resolution process on July 29, 2016 at 10:00am. Field Office Contact: Debbie Green 800-252-7031 x 31500 | | | | | | | |
| | | | | | | Item Total for Line # 2 | <input type="text" value="\$400.00"/> |

Total PO Amount

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

The Purchase Order Terms and Conditions can be found at:
<http://www.tdi.texas.gov/general/aspurch.html>

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| <p align="center">Authorized Signature</p> <p align="center"><i>Andrea Toscano</i></p> <p align="right">08/29/2016</p> |
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