



Texas State Board of Pharmacy
 Business Unit # 51500
 Purchase Order # 26-002

Payment Terms: NET30 **Freight Terms:** FOB DESTINATION **Ship Via:** TRUCK **PCC:** E **PO Date:** 08/19/2025 **PO End Date:** **PO Method:** SP **Dispatch:** Dispatch Via Print **Rev Dt:**

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

Vendor: WORKERS ASSISTANCE PROGRAM
 ALLIANCE WORK PARTNERS5
 2525 WALLINGWOOD DR BLDG 5
 AUSTIN TX 787460000
United States

Ship To: 515-RECV - CENTRAL RECEIVING
 TEXAS STATE BOARD OF PHARMACY
 1801 Congress Avenue Ste 13-100
 SUITE 13-100
 AUSTIN TX 78701-1319
 United States

Vendor ID: 1741847991 5 003

Bill To: TEXAS STATE BOARD OF PHARMACY
 1801 Congress Avenue Ste 13-100
 SUITE 13-100
 AUSTIN TX 78701
 United States

Purchaser: Robert E Earl
Phone:
Fax:

Bill To Fax:

Email: Robert.Earl@pharmacy.texas.gov

Bill To Email: ACCT.PAY@PHARMACY.TEXAS.GOV

PO Information:
 Internal document for budget purposes only

Ship to Comments:

Line-Sch:	Line Description:	PCA:	Class/Item:	Quantity:	UOM:	Unit Price:	Extended Amt:	Due Date:
1-1	Employee Assistance Program for 117 FTE from 9/1/2025 to 8/31/2026	00003	952/38	1.0000	LOT	\$4,500.00000	\$4,500.00	08/19/2025
							Schedule Total	<input type="text" value="\$4,500.00"/>
							Item Total for Line # 1	<input type="text" value="\$4,500.00"/>

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.

