



Texas State Board of Pharmacy
 Business Unit # 51500
 Purchase Order # 26-026

Payment Terms: NET30 **Freight Terms:** FOB DESTINATION **Ship Via:** TRUCK **PCC:** 0 **PO Date:** 08/22/2025 **PO End Date:** **PO Method:** 9 **Dispatch:** Dispatch Via Print **Rev Dt:**

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

Vendor: STATE OFFICE OF RISK MANAGEMENT
 300 W 15TH ST FL 6
 AUSTIN TX 787011649
 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: 3479479479 1 000

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

Purchaser: David A Hardy
Phone: 512/305-8023
Fax: 512/305-8075

Bill To Fax:

Email: David.Hardy@pharmacy.texas.gov

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

PO Information:

Interagency Cooperation Act: Tx Gov't Code Chapter 771
 SORM Contract A515

Ship to Comments:

Line-Sch:	Line Description:	PCA:	Class/Item:	Quantity:	UOM:	Unit Price:	Extended Amt:	Due Date:
1-1	Workers' compensation coverage fiscal year 2026, amount only for preliminary and final invoice. Initial Assessment \$7,263.81 Licenses (2) \$225.00 Final Assessment \$2,196.27 License (1) \$225.00	00003	953/92	1.0000	LOT	\$10,135.08000	\$10,135.08	08/22/2025

Schedule Total

Item Total for Line # 1

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.

