



**Texas Department of Insurance**  
**Purchase Order # 45400 16-0143**

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **VNDR** PCC: **D** Date: **09/01/15** PO Method: **IT** Dispatch: **Dispatch Via Print** Rev Dt:

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

**Vendor:** AMERICAN MEDICAL ASSOCIATION  
 ORDER DEPT OP417500  
 PO BOX 930876  
 ATLANTA GA 31193-0876  
 United States

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

**Vendor ID:** 1360727175

**Purchaser:** Steve Villarreal  
**Phone:** 512/676-6146  
**Fax:** 512/463-6159  
**Email:** steve.villarreal@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:**

Purchase Order issued pursuant to the executed agreement between the Texas Department of Insurance and the American Medical Association (AMA) on October 2, 2015.

AMA Account Number: 48G051961  
 Type of access: Web  
 Type of order: Subscription

Subscription Term: For subscription based access, access shall be for twelve (12) months, October 2, 2015 through October 1, 2016.

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 services have been certified.

Invoicing: All invoices must be sent electronically to: invoices@tdi.texas.gov  
 To ensure prompt payment, the vendor must include the following information on all invoices: (1) the above-referenced PO Number, (2), the above-referenced Vendor ID Number, and (3) and other relevant information that will confirm purchase. Failure to comply may delay the payment process or cause the invoice to be returned.

Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	Expert witness qualifications through AMA Profile	956/35	1.0000	EA	2100.00000	2100.00	09/18/2015
						<b>Schedule Total</b>	2100.00
						<u>ReqID:</u> 0000014318	
						<b>Item Total for Line # 1</b>	2100.00

**Authorized Signature**

*Mr. & Mrs. [Signature], LPPB, CTPM*

**10/21/2015**



**Texas Department of Insurance**  
**Purchase Order # 45400 16-0143**

**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:**

The Purchase Order Terms and Conditions can be found at:

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

**Authorized Signature**

*Mr. G. W. [Signature], LPPB, CTPM*

**10/21/2015**