



**Office of Injured Employee Counsel  
Business Unit # 44800  
Purchase Order # 17-0124**

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **VNDR** PCC: **H** Date: **09/23/16** 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:** Kaplan Inc  
Suite 501  
332 Front St S  
La Crosse WI 54601-4010  
**United States**

**Ship To:** 2M0003  
No Physical Shipment  
United States

**Vendor ID:** 1222573250

**Bill To:** Attn: Acctng - Mail Code 108-3A  
P.O. 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 \*\*\*\*\*

ORDER ID#: 12373137

**Authorized Signature**  
*Andrea Toscano*  
**09/29/2016**



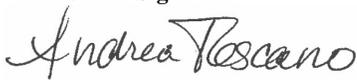
**Office of Injured Employee Counsel**  
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Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	Registration fee for 1 employees to attend Kaplan Workers' Compensation Adjuster Course, Arlington, Texas, October 3-6, 2016. Employees listed in comments.  ATTENDEE: LESSIE MORRIS lessie.morris@tdi.texas.gov	963/64	1.0000	EA	\$482.47	\$482.47	09/23/2016
						<b>Schedule Total</b>	<input type="text" value="\$482.47"/>
						ReqID: 0000001339	
Attendee: Lessie Morris (Houston East)						<b>Item Total for Line # 1</b>	<input type="text" value="\$482.47"/>

**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>

**Authorized Signature**  
  
**09/29/2016**