Department of State Health Services

Purchase Order

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Payment Ter	rms Freight Terms	Ship Via			Dispatch via Frint
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHST	X-3-0000294362
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/22	RevisionPage14546 - Austin:1100 W 49th St (DBGLDEPARTMENT OF STATE HEALTH SERVICES1100 W 49th St (DBGL)PO Box 149347Austin TX 78756United States	
			Ship 10:		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Gomez,Hadassah-Natalia	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quar	ntity UOM	PO Price Extend	led Amt Due Date

FY23 funding EX/0-TGC 2155.441, Managed Term Contract 962-S3 Requisition 000019019 PO Service Dates 09-01-2022 to 08-31-2023

Terms and Conditions per Managed Term Contract 962-S3 apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Texas District: 14

Job classification: 0154 Job class title: Administrative Assistants III Job skill level: Experienced Temp: 2 Temp Staff Requested, TBD Hours per week: 40 Estimated hours: 2080/ea

JOB DESCRIPTION: Administrative Assistant (DEO III) works under the general supervision of the Manger IV in the Laboratory Reporting Branch. Performs complex data entry for the Newborn Screening Program. Proofreads demographics and makes corrections as needed. Meets strict deadlines and daily quotas. Assists with training of new employees. Performs other general clerical duties as needed in the Laboratory Reporting Branch. Supports the creation of a laboratory-wide safety culture by serving as a liaison to the Safety Office to ensure a healthy and safe workplace. Works under moderate supervision with moderate latitude for the use of initiative and independent judgment. Other duties as assigned. Must be able to work Saturday's and/or state holidays as determined by the agency or supervisor. Supports the creation of a laboratory-wide safety culture by serving as a liaison to the Safety Office to ensure a healthy and safe workplace.

Knowledge, Skills, and Abilities: Knowledge of modern office practices Knowledge of and ability to work with confidential medical records/files/information Knowledge of medical terminology Skill in written and verbal communication Skill to perform task with a high degree of accuracy and paying close attention to detail Skill in data entry Ability to work with confidential material Ability to communicate to the public in a diplomatic, courteous, and objective manner Ability to prioritize work, manage time effectively and meet deadlines Ability to daily make quick rational decisions; work independently in fast paced/stressful situations Ability to work well with others as a team member

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Department of State Health Services

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Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000294362 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/22 3 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 17419760511 Bill To: Invoice-DSHS Fiscal Claims Vendor: WORKQUEST DEPARTMENT OF STATE HEALTH SERVICES 1011 E 53RD 1/2 ST 1100 W 49th St (RBB) AUSTIN TX 787511703 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Gomez, Hadassah-Natalia UOM Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity PO Price Extended Amt Due Date **OUALITY ASSURANCE, LAB** REPORTING GROUP Schedule Total \$73,756.80 Item Total for Line 1 \$73,756.80 962-69 2080.00 HR 35.46000 2 - 1\$73,756.80 09/01/2022 ADMINISTRATIVE ASSISTANT, QUALITY ASSURANCE, LAB **REPORTING GROUP** \$73,756.80 Schedule Total \$73,756.80 Item Total for Line 2 \$147,513.60 **Total PO Amount**

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By Hadassch Goney, CTCD, CTCM

07/21/2022