Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			OTV 0 000000500
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000296502
If advertised by infor	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all				Page
specifications, terms, and conditions set forth in the advertisement and vendor's			09/01/22		1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	See Detail Below	,
All shipments, shipp	oing papers, invoices, and co	rrespondence must be identified			
with our Purchase C	Order Number.				

1741976051 1 Vendor:

WORKOUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703

United States

Bill To: Invoice-HHSC Region 8, Inspect

HEALTH & HUMAN SERVICES COMMISSION

11307 Roszell PO Box 23990 San Antonio TX 78217 United States

Fax: 210/619-8272

Email: Reg08_Admin_Services@hhsc.state.tx.us

Lafosse,Betty J 210/337-3187 Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price Extended Amt **Due Date**

Order issued in accordance with Comptroller of Public Accounts (CPA) Managed Term Contract 962-S1

Secure Document Destruction Services Contract 962-S1 Term 9/1/2021 to 11/30/2026 PM/PCC: EX/0 Texas Government Code 2155.441

Non-Automated Term Contract CLASS/ITEM: 962-27

REQ: 0000194291

FY23 PO Funding: Term 9/1/2022 to 8/31/2023

Doc Type 9 - TGC §2155.441 Purchases of products and services of workshops, organizations, or corporations whose primary purpose is training and employing mentally or physically disabled persons

Goods and/or services are to be delivered and invoiced after 9/1/22

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature

In the event of conflict between terms of parties, HHS-PCS terms and conditions shall prevail. Terms and Conditions will be in accordance with existing Contract 962-S1 established by CPA

This purchase order is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature.

Note: F-500-4048 DFPS Background Check Request Form, OSA Certification Signature page, and Outsourcing Standard DFPS SHRED version (attached) to be completed when DFPS is housed at any service location(s). It has been determined, that is the case on this purchase order.

CONTRACT MANAGER: CAROLINA DONADO PHONE: 210 619-8177 OR 210 215-8540 EMAIL: CAROLINA.DONADO@HHS.TEXAS.GOV

AGENCY CONTACT: MARCIE GONZALES

PHONE: 210 619-8025

EMAIL: MARCELINA.GONZALES@HHS.TEXAS.GOV

VID: 1741976051

Vendor: WORKQUEST INC WorkQuest Rep Contact: Abby Monk

Phone: 512 451-8145

Email: amonk@workquesttx.com

AUSTIN TASK INC (ATI) ATI Rep: Brian OConner Phone: 512 389-3333 Email: texas@austintask.com

HHSC Purchasing Contact: Betty La Fosse

PHONE: 210 337-3187 FAX: 210 337-3496

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			HHSTX-3-0000296502
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HH31X-3-0000290302
If advertised by inform	Request for Proposal; all	Date	Revision	Page	
specifications, terms, and conditions set forth in the advertisement and vendor's			09/01/22		2
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order			Ship To:	G D : 11D 1	
requirements.		F		See Detail Below	,
All shipments, shipping papers, invoices, and correspondence must be identified					
with our Purchase O	rder Number.				

Vendor: 1741976051 1

WORKOUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 **United States**

Bill To:

Invoice-HHSC Region 8, Inspect

HEALTH & HUMAN SERVICES COMMISSION

11307 Roszell PO Box 23990 San Antonio TX 78217

United States

Fax: 210/619-8272

Email: Reg08_Admin_Services@hhsc.state.tx.us

				Purchaser:	Lafosse,Betty J	210/337-3187
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

EMAIL: betty.lafosse@hhs.texas.gov

HHSC or the agency does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchases order contract. This agency shall be obligated to pay for only those services ordered and received by the agency. Any funds not utilized by 8/31/23 are automatically cancelled.

Questions or concerns regarding payment please send an email or call the Agency Contact listed above or please see information provided in the "bill to" section of the purchase order.

REFERENCE INFO: FY22 PO HHSTX-2-0000270199

1-1 962-27 1.00 LOT 36500.00000 \$36,500.00 09/01/2022

FY23 HHS Region 08; WorkQuest Managed Contract 962-S1 Secure Document Destruction Services; Term 9/1/2022 to 8/31/2023

Ship To: 2794

HEALTH & HUMAN SERVICES COMMISSION

11307 Roszell PO Box 23990 San Antonio TX 78217

United States

\$36,500.00 Schedule Total

ENCUMBERED FUNDS ARE NEEDED TO PROCESS PAYMENTS TO VENDOR FOR SERVICES

\$36,500.00 Item Total for Line 1

1500.00000 2-1 962-27 1.00 LOT \$1,500.00 09/01/2022

FY23 HHS Region 08; WorkQuest Managed Contract 962-S1 Secure Document Destruction Services; Term

9/1/2022 to 8/31/2023

Ship To:

HEALTH & HUMAN SERVICES COMMISSION

11711 N IH35 Ste 160

San Antonio TX 78233

United States

Schedule Total \$1,500.00

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter	rms Freight Terms	Ship Via			•	ton via i init
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-00	000296502
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			Date 09/01/22	Revision		Page 3
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.			Ship To:	See Detail Below		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES COMMISSION 11307 Roszell PO Box 23990 San Antonio TX 78217 United States		
			Fax: Email:	210/619-8272 Reg08_Admin_Ser	rvices@hhsc.state.tx	c.us
			Purchaser:	Lafosse,Betty J	21	.0/337-3187
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
ENCUMBERED FUNDS ARE NEEDED TO PROCESS PAYMENTS TO VENDOR FOR SERVICES Item Total for Line 2 \$1,500.00						
	Total PO Amount \$38,000.00					

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

Betty La Fosse CTPM

07/29/2022