

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-3-0000297183
Net 30	Prepaid & Allow	BEST WAY	Date	Revision
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.			09/01/22	Page 1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States

Vendor: 1741976051 1
WORKQUEST
1011 E 53RD 1/2 ST
AUSTIN TX 787511703
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4601 W Guadalupe St
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

Order issued in accordance with Comptroller of Public Accounts (CPA) Managed Term Contract 962-S5
Large Package Only Over 150lbs Freight and Logistics Services
Contract Term 3/1/2017 to 11/30/2026
PM/PCC: EX/0
Doc Type 9 Texas Government Code 2155.441
CLASS/ITEM: 962-86
REQ: 0000193008
FY23 Funding: 9/1/22 through 8/31/2023
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-S5 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.

HHSC Purchasing Contact: Betty La Fosse
PHONE: 210 337-3187
FAX: 210 337-3496
EMAIL: betty.lafosse@hhs.texas.gov

DDS Contact: Doug Blake
Email:Douglas.blake@ssa.gov
Phone: 512-437-8575

Final Destination: Gloria Rodriguez
Email: DDS.TX.S49.AP@ssa.gov
Phone: 512-437-5021

Contract Manager: Dana Sherrill
Email: Dana.Sherrill@hhs.texas.gov
Phone 512-206-4992

VID: 174 19760511
VENDOR: WorkQuest
CONTACT: J. Kyle Radford, Director of Strategic Business Development
PHONE: 512 451-8145
EMAIL: kradford@workquest.com
ADDRESS: 1011 EAST 53 STREET AUSTIN, TX 78751

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

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-3-0000297183
Net 30	Prepaid & Allow	BEST WAY	Date	Revision
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.			09/01/22	Page 2
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States

Vendor: 1741976051 1
WORKQUEST
1011 E 53RD 1/2 ST
AUSTIN TX 787511703
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4601 W Guadalupe St
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@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
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

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

Please send all invoices to Disability Determination Services, PO Box 149198, Austin, TX 78714-9198 for authorization.

1-1	FY23 Term: 9/1/2022-9/30/2022 As needed, emergency courier for small packages and envelope delivery	962-86	1.00	LOT	150.00000	\$150.00	09/01/2022
-----	---	--------	------	-----	-----------	----------	------------

Schedule Total \$150.00

Item Total for Line 1 \$150.00

2-1	FY23 10/1/2022-8/31/2023 As needed, emergency courier for small packages and envelope delivery	962-86	1.00	LOT	350.00000	\$350.00	10/01/2022
-----	--	--------	------	-----	-----------	----------	------------

Schedule Total \$350.00

Item Total for Line 2 \$350.00

Total PO Amount \$500.00

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 Josse CTPM

08/04/2022