Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship V	lia			Бізрі	atch via Print
Net 30	Prepaid & Allow	BEST		Purchase Order		HSTX-3-0	000297346
If advertised	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adve	uest for Proposa	al; all	Date 09/01/22	Revision		Page
	esponses become a part of this numbered pu				<u></u>		I
	oods or services delivered meet or exceed nu			Ship To:	0011 - Abilene:460 HEALTH & HUM		OWNISSION
requirements					4601 S 1st St	AIN SER VICES C	0101010101010
	ts, shipping papers, invoices, and correspo	ondence must b	e identified		PO Box 521		
with our Pu	chase Order Number.				Abilene TX 79605		
					United States		
Vendor:	1741976051 1			Bill To:	Invoice-HHSC Reg	gion 2/9, Commu	
	WORKQUEST				HEALTH & HUM	AN SERVICES C	OMMISSION
	1011 E 53RD 1/2 ST				4601 S 1st St		
	AUSTIN TX 787511703 United States				PO Box 521 Abilene TX 79605		
	United States				United States		
				Purchaser:	Lafosse,Betty J	2	10/337-3187
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Secure Doc Contract 96 PM/PCC: E Non-Automa CLASS/ITEI REQ: 00001		lic Accounts (C	CPA) Manage	d Term Contract 962-	S1		
SERVICE A Region 2/9	DDRESS:	contidad Prov					

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.

PLEASE SEE: DFPS facilities are annotated in the comments column on the attached list of service locations.

AGENCY CONTACT: BEVERLY SCHREADER PHONE: 325-795-5618 FAX: 325-795-5618 EMAIL: Beverly.schreader@hhs.texas.gov

ENTERED BY MARY OCON PHONE: 325-795-5619 FAX: 325-795-5612 EMAIL: mary.ocon@hhs.texas.gov

FINANCIAL MANAGER: BETTY BROWN PHONE: 325-795-5512 FAX: 325-795-5612 EMAIL: betty.brown@hhs.texas.gov

VID: 1741976051 Vendor: WORKQUEST INC WorkQuest Rep: ERYNN HARRISON Phone: 817 232-8881 Email: eharrison@workquesttx.com Expanco Inc dba Amplify

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000297346
specifications, terr	formal bid, Invitation for Offer, or Req ns, and conditions set forth in the adver	rtisement and vendor's	Date 09/01/22	Revision	Page 2
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:	0011 - Abilene:46 HEALTH & HUM 4601 S 1st St PO Box 521 Abilene TX 79605 United States	AN SERVICES COMMISSION	
V 1 A	741976051 1 VORKQUEST 011 E 53RD 1/2 ST AUSTIN TX 787511703 J nited States		Bill To:	Invoice-HHSC Reg HEALTH & HUM 4601 S 1st St PO Box 521 Abilene TX 79605 United States	AN SERVICES COMMISSION
			Email:	Reg02_Admin_Ser	rvices@hhs.texas.gov
			Purchaser:	Lafosse,Betty J	210/337-3187
Line-Sch Inve	entory Item ID - Line Description	Class/Item Quantity	y UOM	PO Price	Extended Amt Due Date
PHONE: 210 33 FAX: 210 337-3	1125 amplifyfw.org ng Contact: Betty La Fosse 7-3187 496				
	osse@hhs.texas.gov				
	ency does not commit to ordering sp Il be obligated to pay for only those				
Questions or cor section of the pu	ncerns regarding payment please se rchase order.	end an email or call the A	gency Contact listed abo	ove or please see i	nformation provided in the "bill to"
REFERENCE IN	IFO: FY22 PO HHSTX-2-00002679	902			
List Mar Doc	23 HHS Abilene Regions 2/9 Offices ed on attachment; WorkQuest naged Contract 962-S1 Secure ument Destruction Services; Term 2022 to 8/31/2023	962-27 1.00) LOT 15	5000.00000	\$15,000.00 09/01/2022
			Sche	dule Total	\$15,000.00
DFPS facilities are	e annotated in the comments column on	the attached list of service			<u></u>
MANAGED CON				for Line 1	
			Total P	O Amount	\$15,000.00

Health and Human Services Commission

Purchase Order

Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000297346
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	Revision	Page 3
			Ship To:	0011 - Abilene:4601 S 1st St HEALTH & HUMAN SERVICES COMMISSION 4601 S 1st St PO Box 521 Abilene TX 79605 United States	
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-HHSC Region 2/9, Commu HEALTH & HUMAN SERVICES COMMISSIO 4601 S 1st St PO Box 521 Abilene TX 79605 United States	
			Email:	Reg02_Admin_Ser	rvices@hhs.texas.gov
			Purchaser:	Lafosse,Betty J	210/337-3187
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

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	
	08/05/2022

Dispatch via Print