### **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Maldonado, Daniel Ray

**Extended Amt** 

**Due Date** 

PO Price

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order Date		X-3-0000300 <u>5</u> 40
specification	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			Revision	<b>Page</b> 1
guarantees go requirements All shipmen	esponses become a part of this numbered cods or services delivered meet or exceed .  ts, shipping papers, invoices, and correscretase Order Number.	numbered purchase order	Ship To:	4546 - Austin:1100 W 49th S DEPARTMENT OF STATE 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

**Purchaser:** 

**UOM** 

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

**Inventory Item ID - Line Description** 

DELIVERY: 14 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Class/Item

AGENCY CONTACT: Dene Thompson +1 (512) 776-2457

dene.thompson@dshs.texas.gov

Ship to Attn: Timothy Corcoran

Office L306.1

Line-Sch

HHSC BUYER:

Daniel Maldonado, CTCD

512-406-2649

Daniel.Maldonado01@hhs.texas.gov

VENDOR: Workquest

orders@workquest.com

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Term Contact: 785-S1, 620-S1, 207-S2, 615-S1

Term: Today until 8/31/23 Smartbuy PO: 23001979

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition # 0000206409

## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	TX-3-0000300540	
specifications, terms,	mal bid, Invitation for Offer, or I and conditions set forth in the ac	lvertisement and vendor's	<b>Date</b> 09/16/22	Revision Pag		
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:	h St (DBGL TE HEALTH SERVICES		

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

Schedule Total

\$42.65

**Fax:** 512/458-7442

Email: invoices@dshs.texas.gov

Maldonado, Daniel Ray **Purchaser: Inventory Item ID - Line Description** Line-Sch Class/Item Quantity **UOM** PO Price Extended Amt Due Date 1-1 785-57 2.10000 5.00 EΑ \$10.50 09/30/2022 Eraser, Dry Erase, Washable Foam Supplier Part Number: 78557270853 Schedule Total \$10.50 \$10.50 Item Total for Line 1 5.00 SET 9.09000 620-86 \$45.45 09/30/2022 2-1 Markers, Dry Erase, Chisel Tip, 8 Color/Set Supplier Part Number: 62086509254 Schedule Total \$45.45 Item Total for Line 2 3-1 207-72 2.00 BOX 22.28000 \$44.56 09/30/2022 Labels, Return Address 1/2" X 1 3/4" Supplier Part Number: 20772501407 Schedule Total \$44.56 Item Total for Line 3 8.53000 620-80 5.00 DOZ \$42.65 09/30/2022 4-1 Pen, Ball Point, Retractable, Bio-Based, Bio-Degradable, Black Supplier Part Number: 62080058001 Schedule Total \_\_\_\_\_ \$42.65 Item Total for Line 4 \$42.65 8.53000 5-1 620-80 5.00 DOZ \$42.65 09/30/2022 Pen, Ball Point, Retractable, Bio-Based, Bio-Degradable, Blue Supplier Part Number: 62080058001

# **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment To		Ship Via	**			HHSTX-3-00	00300540	
Net 30	Prepaid & Allow	BEST WA		Purchase Order		ппо і Х-3-00		
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	Revision		Page	
	responses become a part of this numbered pu	09/16/22	3					
	goods or services delivered meet or exceed no		4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES					
requirement		1			1100 W 49th St (DBGL)			
All shipmer	nts, shipping papers, invoices, and corresp		PO Box 149347 Austin TX 78756					
with our Pu	rchase Order Number.							
					United States			
Vendor:	1741976051 1			Bill To:	Invoice-DSHS Fis	cal Claims		
venuor.	WORKQUEST 1011 E 53RD 1/2 ST			DIII 10;	DEPARTMENT OF STATE HEALTH SERVICES 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.tex	as.gov		
				Purchaser:	Maldonado,Danie	el Ray		
Line-Sch	Inventory Item ID - Line Description	Class/Item (	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>	
				Item Total for Line 5 \$42.65				

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
					Item Total for Line 5	\$42.65	
6-1	Rayovac Ultra Pro 9V-12 Pack Batteries Supplier Part Number: 45006100108	450-06	3.00	PKG	19.75000	\$59.25	09/30/2022
					Schedule Total	\$59.25	
					Item Total for Line 6	\$59.25	
					Total PO Amount	\$245.06	

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

Daniel
Maldonado
Maldonado
Date: 20022.09.16
15 59:29 -05'00'

Date: 2002-0.016
Date: 2002-0.016