

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000301100
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.			Date 09/26/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States
			Page 1

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

Bill To: Invoice-HHSC Region 10, DADS:
HEALTH & HUMAN SERVICES COMMISSION
401 Franklin Ave
Ste 450
El Paso TX 79901
United States

Fax: 915/834-7587

Purchaser: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods

Exempt
EX/0

Requisition #: HHSTX-3-0000207203
Smartbuy PO#: 23007618

Requester Name: Joyce Smith
Phone #: (915) 858-7782
Email: Joyce.Smith@hhs.texas.gov

Purchaser Name: Ron Connell
Phone #: 512-406-2666
Email: Ron.CConnell@hhs.texas.gov

Vendor Name: Workquest 1741976051
Contact: Abby Monk
Phone #: 512-451-8145
Email: amonk@workquest.com
Contract: 615-S1

Procurement exempt from CPA rules - In accordance with Texas Government Code, Title 7, Chapter 771, Interagency Cooperation Act.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

**** ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY23. ****

- The invoice should include, but is not limited to including:
- (1) the contractor's mailing and e-mail (if applicable) address;
 - (2) the contractor's telephone number;
 - (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
 - (4) the state agency's name, agency number, and delivery address;

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- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

1-1	Supplier Part # 61573175108 Binder 3" Capacity, 3 Ring Blue	615-09	12.00	EA	6.04000	\$72.48	10/17/2022
Schedule Total						\$72.48	
Item Total for Line 1						\$72.48	
2-1	Supplier Part # 61573175108 Binder, 3" Capacity, 3 Ring Black	615-09	24.00	EA	6.04000	\$144.96	10/17/2022
Schedule Total						\$144.96	
Item Total for Line 2						\$144.96	
Total PO Amount						\$217.44	

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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



09/26/2022