

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000301274</b>
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.			<b>Date</b> 09/28/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 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 HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Maldonado, Daniel Ray

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

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

AGENCY CONTACT:  
Alexis Sapp  
254-771-6793  
Alexis.Sapp@dshs.texas.gov

Ship to Attn: Alexis Sapp

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: 615-S1  
Term: Today until 8/31/23  
Smartbuy PO: 23007968

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 # 0000207678

1-1	Appointment Planner, Monthly, 8-7/8 X	615-15	30.00	EA	12.69000	\$380.70	10/20/2022
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			<b>Page</b> 2

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	1-1/4 Supplier Part Number: 61515074505						
					<b>Schedule Total</b>	\$380.70	
					<b>Item Total for Line 1</b>	\$380.70	
2-1	Calendar, Desk Pad, 22 X17 Supplier Part Number: 61519130779	615-19	10.00	EA	8.49000	\$84.90	10/20/2022
					<b>Schedule Total</b>	\$84.90	
					<b>Item Total for Line 2</b>	\$84.90	
					<b>Total PO Amount</b>	\$465.60	

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.

<b>Authorized By</b>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p><b>Daniel Maldonado</b></p> </div> <div style="font-size: small;"> <p>Digitally signed by Daniel Maldonado Date: 2022.09.28 08:23:00 -05'00'</p> </div> <div style="text-align: right;"> <p><b>09/28/2022</b></p> </div> </div>