Department of State Health Services

Purchase Order

				Dispatch via	Print		
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WA	Y Purchase Or	Drder HHSTX-3-000030	2087		
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendor	r's 10/06/22	Revision	Revision Page		
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.			der Snip 10:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVIC 2408 S 37th St Temple TX 76504 United States	DEPARTMÊNT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504		
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 SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	CES		
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov			
			Purchaser:	Mcmurtray,Nicole			
Line-Sch	Inventory Item ID - Line Description	Class/Item Q	uantity UOM	PO Price Extended Amt Due Da	te		

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: Heather Clark Email: Heather.Clark@dshs.texas.gov Phone: 254-771-6799

Purchaser Information: Name: Nikki McMurtray Phone #512-776-6190 Email Address: Nikki.McMurtray@hhs.texas.gov

VENDOR: VID: 17419760511 Contractor: Workquest, Inc. Contact Name: WorkQuest Customer Service Email: customerservice@workquest.com Phone: (512) 451-8145 Address: 1011 East 53 1/2 Street Austin TX 78751

PURCHASING METHOD: EX/0 Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Term Contract: 620-S1 Term: Start Date: 2/1/2002 End Date: 11/30/2026

Smartbuy PO:23014640

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 208011

Department of State Health Services

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with our Pu	rchase Order Number.			United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-DSHS DEPARTMEN 1100 W 49th S PO Box 14934 Austin TX 787 United States	NT OF STATE HEALTH SERVICES St (RBB) 17
				Fax: Email:	512/458-7442 invoices@dsh	s.texas.gov
				Purchaser:	Mcmurtray,N	icole
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date
1-1	2023 Appointment Planner, Monthly, 8- 7/8 x 11-1/4, Black Supplier Part Number: 61515074505	615-72	14.00	EA	12.69000	\$177.66 10/15/2022
				Sche	dule Total	\$177.66
			Item Total for Line 1		\$177.66	
				Total P	O Amount	\$177.66

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	
Mikki Inamwitray, CTCD, CTCM	<u>10/06/2022</u>

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