

# 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-3-0000302214</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> 10/07/22
<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> 1818 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Ste M202 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 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:** De La Rosa,Lindsey M

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

EX/0 - WorkQuest  
 SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.  
 FREIGHT: F.O.B. Destination Freight Prepaid Allowed  
 DELIVERY: 20 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:  
 Ship to Attn: Beverly Collins-Moore  
 (512) 776-2008 Beverly.CollinsMoore@dshs.texas.gov  
 HHSC BUYER:  
 Lindsey De La Rosa  
 7766284 lindsey.delarosa@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 Contact: 645-S1  
 Term: 2/1/2002- 11/30/2026  
 Smartbuy PO: 23014892  
 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 00002088704

1-1	Paper, Bond, Recycled, White, Prem No. 4, 20 lb, Letter	645-21	3.00	CTN	81.81000	\$245.43	10/21/2022
-----	---	--------	------	-----	----------	----------	------------

**Schedule Total**                     \$245.43

Commodity Code: 64521411718  
Vendor: WorkQuest, Inc.

Agency Delivery Contact:  
Name: Beverly Collins-Moore  
Phone #: +1 (512) 776-2008

# 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-3-0000302214</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> 10/07/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 2
		<b>Ship To:</b>	1818 - Austin:1100 W 49th St (RDM) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RDM) Ste M202 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 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:** De La Rosa, Lindsey M

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

Email: Beverly.CollinsMoore@dshs.texas.gov

**Item Total for Line 1** \_\_\_\_\_ \$245.43

**Total PO Amount** \$245.43

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> <i>Lindsey De La Rosa</i>	<b><u>10/07/2022</u></b>
---	--------------------------