Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter		Ship Via		IIIICTV	2 0000202404	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	ннэтх	-3-0000302404	
If advertised	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision	Page	
	s, terms, and conditions set forth in the ad-		10/11/22		1	
guarantees go requirements. All shipment	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.			6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	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: Email:	512/458-7442 invoices@dshs.texas.gov		

Quantity

Purchaser:

UOM

Naiser, Tori

Extended Amt

Due Date

PO Price

POC - Leslie Stark, 512-776-2736, leslie.stark@dshs.texas.gov 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 hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Class/Item

AGENCY CONTACT: Leslie Stark, 512-776-2736, leslie.stark@dshs.texas.gov HHSC BUYER: Tori Naiser Tori.naiser@hhs.texas.gov

Line-Sch

VENDOR: 17419760511 Contractor: WorkQuest, Inc. Email: smartbuy@workquest.com Phone:(512) 451-8145 Address: 1011 East 53 1/2 Street Austin TX 78751

PURCHASING METHOD: CP-A

Term Contract: 615-S1
Term: 11/16/21-11/30/26

Smartbuy PO: 23015257

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 0000208633

Department of State Health Services

Purchase Order

				•		Dispa	tch via Print	
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Or	rder	HHSTX-3-00	00302404	
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Date 10/11/22	Revision	Revision Page 2 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
				Ship To:	HEALTH & HU 1111 W North I Austin TX 7875			
	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	DEPARTMENT 1100 W 49th St PO Box 149347	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov		
				Purchaser:	Naiser,Tori			
Line-Sch In	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
	ppointment Planner, Monthly, 8-7/8 x -1/4	615-43	50.00	EA	12.69000	\$634.50	10/11/2022	
					Schedule Total	\$634.50		
				Item T	otal for Line 1	\$634.50		

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	
Tori Naiser	10/11/2022

Total PO Amount

\$634.50