### **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000302865	
	rmal bid, Invitation for Offer, or and conditions set forth in the a		Date 10/17/22	Revision	Page 1	
	es become a part of this numbered			CO 12 A + C	101 F.Ok. 6	
guarantees goods or services delivered meet or exceed numbered purchase order			Ship To:		3 - Austin:6101 E Oltorf ALTH & HUMAN SERVICES COMMISSION	
requirements.				6101 E Oltorf	MAN SERVICES COMMISSION	
All shipments, ship	ping papers, invoices, and corr	espondence must be identified		Austin TX 7874	1	
with our Purchase	Order Number.			United States	-	
			_			

Vendor: 1741976051 1 Bill To: Invoice-HHSC Accounting

WORKOUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

HHSC\_AP@hhsc.state.tx.us **Email:** 

Arnold, Valerie **Purchaser:** 

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

FY23

NIGP:615-33 620-90

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: Delivery Address: **Disability Determination Services** 6101 E. Oltorf Street Austin, TX 78741 ATTN: FM Donna Aleman (512)437-8873

Final Destination: Tracy Hart Phone: (512) 437-5212

Email address: DDS.TX.S49.AP@ssa.gov

Contract Specialist: Dana Sherrill

Phone: (512) 206-5647

Email: Dana.Sherrill@hhs.texas.gov

HHSC BUYER:

Valerie Arnold, CTCD, CTCM

Purchaser III

Procurement and Contracting Services

Office: 512-776-7312 valerie.arnold@hhs.texas.gov 1100 W. 49th Street | Mail Code 2020 Austin, TX 78756

VENDOR:

VID: 17419760511

Contractor: WorkQuest, Inc.

Contact Name: WorkQuest Customer Service Email: customerservice@workquest.com

### **Health and Human Services Commission**

## **Purchase Order**

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Payment Terms	Freight Terms	Ship Via			O <del>T</del> \/ 0 000000005
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000302865
If advertised by infor	rmal bid, Invitation for Offer, or	Request for Proposal; all	Date	Revision	Page
	, and conditions set forth in the		10/17/22		2
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To: 6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf		
All shipments, ship with our Purchase 0		espondence must be identified		Austin TX 78741 United States	

**Vendor:** 1741976051 1

WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703

**United States** 

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

**Fax:** 512/424-6901

Email: HHSC\_AP@hhsc.state.tx.us

Purchaser: Arnold, Valerie

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

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: 620-S1

Smartbuy PO: 23022184

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 0000207992

Requisition 0000207992

FY23 FR9/21/22 Office Supplies #3 Workquest

Health Human Services Commission Mail Code: 3500 4900 N. Lamar Blvd. Austin, TX 78751 Bill to Code: 3500

Medical Social Services Division

Note: Commercial vehicle deliveries must back into the loading dock when making deliveries to the Texas DDS thereby making it unsuitable for semi-trailers longer than 53 feet with a truck attachment that contains a sleeper cab. To avoid damage to property and surrounding trees, please use a delivery vehicle that is suitable for this location.

Please send all invoices to Disability Determination Services PO Box 149198 Austin, TX 78714-9198 for authorization.

1-1 615-33 15.00 EA 14.69000 \$220.35 10/17/2022

Dispenser, Pop-Up Self Stick Note Pad, Incl 1 Dz 3"x3" Yellow, Commodity Code 61533210904, Supplier Part # 61533210904, Contract # 615-S1

Schedule Total	\$220.35
Item Total for Line 1	\$220.35

# **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

						Dispai	ch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST V		Purchase Order		HHSTX-3-00	00302865
specifications	by informal bid, Invitation for Offer, or Reco., terms, and conditions set forth in the adve	ertisement and ver	ndor's	<b>Date</b> 10/17/22	Revision		<b>Page</b> 3
guarantees go requirements. All shipment	esponses become a part of this numbered prods or services delivered meet or exceed not be services, and correspondes Order Number.	umbered purchase	e order	Ship To:	6943 - Austin:610 HEALTH & HUN 6101 E Oltorf Austin TX 78741 United States	01 E Oltorf MAN SERVICES CO	MMISSION
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-HHSC Ad HEALTH & HUM 4601 W Guadalup Austin TX 78751 United States	MAN SERVICES CO	MMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhsc	e.state.tx.us	
				Purchaser:	Arnold, Valerie		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

					7		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
2-1	HIGHLIGHTER, PEN STYLE, YELLOW, CHISEL TIP, Commodity Code 6209036, Supplier Part # 6209036, Contract # 620-S1	620-90	15.00	EA	6.14000	\$92.10	10/17/2022
					Schedule Total	\$92.10	
					Item Total for Line 2	\$92.10	
					Total PO Amount	\$312.45	

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	
VINURUE ARMAD, CTCD, CTCM	10/17/2022