Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00003029	92
specification	by informal bid, Invitation for Offer, or s, terms, and conditions set forth in the a	dvertisement and vendor's	Date 10/18/22	Revision P	age 1
guarantees g requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceeds. tts, shipping papers, invoices, and correctase Order Number.	d numbered purchase order	Ship To:	2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States	
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States	
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us	
			Purchaser:	Connell Ron Lee	

Quantity

UOM

PO Price

Extended Amt

Due Date

FY23 General Goods

Exempt EX/0

Line-Sch

Requisition #: HHSTX-3-0000209916

Inventory Item ID - Line Description

Smartbuy PO#: 23022376

Requester Name: Jessica Doporto

Phone #: 432-268-7706

Email: Jessica.doporto@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: Ron.Connell@hhs.texas.gov

Vendor Name: Workquest 1741976051

Contact: Abby Monk Phone #: 512-451-8145 Email: amonk@workquest.com

Contract: 615-S1, 207-S2, 204-S1, 125-S1

Procurement exempt from CPA rules - In accordance with Texas Government Code, Title 7, Chapter 771, Interagency Cooperation Act.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

** ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY23. **

Class/Item

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

Health and Human Services Commission

Purchase Order

		Pu	ırchase	Orde	er			
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purch	ase Order		Dispa HHSTX-3-00	tch via Print 000302992
If advertised by in specifications, terr	nformal bid, Invitation for Offer, or Req ms, and conditions set forth in the adver	uest for Proposa tisement and ve	al; all endor's	Date 10/18/		Revision		Page 2
guarantees goods requirements. All shipments, sh	nses become a part of this numbered pu or services delivered meet or exceed nu hipping papers, invoices, and corresponde of Number.	mbered purchas	e order	Ship T				
\ 1 <i>A</i>	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To		Invoice - DADS HEALTH & HU 2501 Maple St PO Box 451 Abilene TX 796 United States	JMAN SERVICES CO	OMMISSION
						325/795-3807 710Accounting@	@hhsc.state.tx.us	
Line-Sch Inv	entory Item ID - Line Description	Class/Item	Quantity	Purcha UOM		Connell,Ron Loperation Loperation	ee Extended Amt	Due Date
*******	*****************	******	*******	*******	*******	****		
	pels, Shipping, Avery 5163, 2"x 4" tte 61573161108	615-60	4.00	BOX		27.18000	\$108.72	11/01/2022
					Sched	ule Total	\$108.72	
					Item Total fo	or Line 1	\$108.72	
	use Pads, anti-static, 9-3/8 " x 7-7/8 ", per package 20468595457	204-68	6.00	DOZ		27.21000	\$163.26	10/28/2022
					Sched	ule Total	\$163.26	
					Item Total fo	or Line 2	\$163.26	
3-1	1 11/00 C : 2 D: W: 1	615-09	9.00	EA		4.17000	\$37.53	11/07/2022

9.00 EA

2.00 CS

615-09

125-20

5-1
Binding, Comb, Plastic, Wide, 3/8" Dia. x 10-3/4", 19 Ring, 100/CS, 12520761029, White 12520761029

Binder, 1 1/2" Capacity, 3 Ring, Vinyl

Binder, 1 1/2" Capacity, 3 Ring, Vinyl View, black 61573162106

View, white 61573162106

Schedule Total \$10.38

Schedule Total

Schedule Total

Item Total for Line 3

4.17000

Item Total for Line 4

5.19000

\$37.53

\$37.53

\$37.53

\$37.53

\$37.53 11/07/2022

\$10.38 11/17/2022

Health and Human Services Commission

Purchase Order

\$885.40 10/28/2022

\$885.40

Payment Terr	ns Freight Terms	Ship V	⁷ ia				
Net 30	Prepaid & Allow	BEST		Purchase O	rder	HHSTX-3-0	00030299
	y informal bid, Invitation for Offer, or Req			Date	Revision		Pa
	terms, and conditions set forth in the adver-			10/18/22			
guarantees goo requirements.	sponses become a part of this numbered pu ds or services delivered meet or exceed nu	Ship To:	HEALTH & HU	2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87			
	, shipping papers, invoices, and correspo hase Order Number.	ondence must b	e identified		Big Spring TX 7 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice - DADS HEALTH & HU 2501 Maple St PO Box 451 Abilene TX 796 United States	JMAN SERVICES CO	OMMISSION
				Fax: Email:	325/795-3807 710Accounting(@hhsc.state.tx.us	
				Purchaser:	Connell,Ron L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item T	Cotal for Line 5	\$10.38	
	Binding, Comb, Plastic, Wide, 1" Dia. x 10-3/4", 19 Ring, 100/CS, 12520762258, white 12520762258	125-20	2.00	CS	16.26000	\$32.52	11/17/2022
					Schedule Total	\$32.52	
				Item T	Cotal for Line 6	\$32.52	

\$885.40 Schedule Total

20.00 PKG

44.27000

Item Total for Line 7

Total PO Amount

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.

207-42

DVD+RW 50/Pack - Professional Grade. Rewritable 120 minutes 4.7 GB

20730621677

7-1

Ref. <u>10/18/2022</u>	