## **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

**Payment Terms** Ship Via Freight Terms HHSTX-3-0000303298 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 10/21/22 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6079 - San Antonio:6711 S New Brau guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 6711 S New Braunfels Ave All shipments, shipping papers, invoices, and correspondence must be identified Ste 500 with our Purchase Order Number. San Antonio TX 78223 United States 17419760511 Bill To: Invoice-DSHS Accounts Pavable Vendor: HEALTH & HUMAN SERVICES COMMISSION WORKQUEST 1011 E 53RD 1/2 ST 6711 S New Braunfels AUSTIN TX 787511703 Ste 100 San Antonio TX 78223 **United States** United States Fax: 210/531-7883 Email: SAHAccounting@dshs.texas.gov **Purchaser:** Connell,Ron Lee Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt **Due Date** FY23 General Goods Exempt FX/0 Requisition #: HHSTX-3-0000205542 Smartbuy PO#: 23024397 Requester Name: Melissa Schulz Phone #: 210-531-3700 Email: Melissa.Schulz@hhs.texas.gov SHIP TO ATTN : Melissa Schulz, SSLC Bldg. 669 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: 207-S2 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. \*\*

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

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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>			Bill To:	Bill To: Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMM 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		OMMISSION	
					Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov	
					Purchaser:	Connell,Ron L	ee	
	*	tem ID - Line Description Destination Prepaid and Allo	Class/Item	Quantity	Purchaser: UOM	Connell,Ron Lu PO Price	ee Extended Amt	Due Date
Freight Te Delivery h	ours are FOB	•	owed/Add. 30 PM Monday th	nru Friday e	UOM except designated Sta	PO Price	Extended Amt	
Freight Te Delivery h	ours are FOB	Destination Prepaid and Allo 8:30-11:30 AM and 1:00-4:3	owed/Add. 30 PM Monday th	nru Friday e	UOM except designated Sta	PO Price te Holidays whe	Extended Amt	closed.
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Freight Te Delivery h	ours are FOB	Destination Prepaid and Allo 8:30-11:30 AM and 1:00-4:3 eeves, Clear Vinyl 5" X 5" eeves, 5" X 5" Square, White	owed/Add. 30 PM Monday th	nru Friday e	UOM except designated Sta PKG Sche	PO Price te Holidays whe ****** 9.14000 dule Total	Extended Amt n the Warehouse is \$137.10 \$137.10	closed.
Delivery h	DVD/Cd SI	Destination Prepaid and Allo 8:30-11:30 AM and 1:00-4:3 eeves, Clear Vinyl 5" X 5" eeves, 5" X 5" Square, White	owed/Add. 30 PM Monday th 207-82	nru Friday e	UOM except designated Sta PKG Sche Item Total f	PO Price te Holidays whe ****** 9.14000 dule Total for Line 1	Extended Amt n the Warehouse is \$137.10 \$137.10 \$137.10 \$137.00 \$138.00	closed. 11/04/2022
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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

Reef.

<u>10/21/2022</u>