

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000303606
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.			Date 10/26/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 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: Chavez,Rafael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 NIGP 19 15
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 when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

DELIVERY CONTACT:
Porscha Jones-Harris
806-477-1100
porscha.jonesharris@dshs.texas.gov

HHSC BUYER:
Steven Chavez, CTCD, CTCM
512-712-5002
Rafael.chavez@hhs.texas.gov

VENDOR:
Customer Service
512-451-8145
customerservice@workquest.com

PURCHASING METHOD: EX-0
Purchase made under the Authority of Texas Government Code 2155.144 for goods or services acquired for the benefit or on behalf of clients of programs operated by the agency.

Not to Exceed \$100,000 (when applicable)

Term Contract: 615-S1
Term: 11/16/2021 - 11/30/2026
Smartbuy PO: 23029478

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

Requisition # 0000210479

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SUPPLIER PART NUMBER:
61519130779; CALENDAR, DESK
PAD, 22 X 17; COMMODITY CODE:
61519130779

Schedule Total \$8.49

WORKQUEST, INC.
WORKQUEST CUSTOMER SERVICE
smartbuy@workquest.com
1011 EAST 53RD 1/2 STREET, AUSTIN, TX 78751-1703
Telephone: 512-451-8145

Item Total for Line 1 \$8.49

2-1	SUPPLIER PART NUMBER: 61515074505; APPOINTMENT PLANNER, WIRE BOUND, BLACK, MONTHLY , 8-7/8 X 11-1/4;	615-72	3.00	EA	14.65000	\$43.95	11/22/2022
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Schedule Total \$43.95

Item Total for Line 2 \$43.95

3-1	FREIGHT FEE	615-19	1.00	LOT	6.50000	\$6.50	11/22/2022
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Schedule Total \$6.50

Item Total for Line 3 \$6.50

Total PO Amount \$58.94

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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

Steven Chavez
CTCD, CTOM

11/08/2022