Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			HHSTX-3-0000303882
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HH31X-3-0000303002
If advertised by info	ormal bid, Invitation for Offer, or I	Request for Proposal; all	Date	Revision	Page
	s, and conditions set forth in the ac		10/31/22	1 - 11/3/2022	1
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.		Ship To: 5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH SEI 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		OF STATE HÉALTH SERVICES	
Vendor: 17	41976051 1		Bill To:	NTSH - Wichita	Falls Whse

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

HEALTH & HUMAN SERVICES COMMISSION

6515 Kemp Blvd PO Box 300

Wichita Falls TX 76308

United States

Fax: 979/277-1868

Stacy.Ward@hhs.texas.gov **Email:**

Connell, Ron Lee **Purchaser:**

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-3-0000210720

Smartbuy PO#: 23028329

Requester Name: Tonya Owen Phone #: 940-689-5573

Email: tonya.owen@hhs.texas.gov

SHIP TO ATTN: Tonya Owen, 940-689-5573, tonya.owen@hhs.texas.gov, Admin Bldg 504 WF Campus, Room 141

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: 605-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. **

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

Health and Human Services Commission

Purchase Order

Dispatch via Print

specifications, ter	informal bid. Invitation for Offer, or Req			Purchase Order	HHSTX-3-000030388		
	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			Date 10/31/22	Revision 1 - 11/3/2022		Page 2
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.			Ship To: 5605 - Wichita Falls:6515 Kemp Bl- DEPARTMENT OF STATE HEAL 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		OF STATE HEALTH		
	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	NTSH - Wichita Falls Whse HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		
				Fax: Email:	979/277-1868 Stacy.Ward@hh	s.texas.gov	
				Purchaser:	Connell,Ron Le		
Line-Sch Inv	ventory Item ID - Line Description	Class/Item Q	Quantity	UOM	PO Price	Extended Amt	Due Date

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.

11/2/22 PCS Level 1 Support POA Completed by RM

Total PO Amount \$91.68

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	
Ref.	11/03/2022