

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000304098</b>
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.			<b>Date</b> 11/02/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 1
			<b>Ship To:</b> 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.

AGENCY 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: 23029475

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

Requisition # 0000210488

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**Purchaser:** Chavez,Rafael

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	SUPPLIER PART NUMBER: 61519130779; CALENDAR, DESK PAD, 22 X 17; COMMODITY CODE: 615-19	615-19	2.00	EA	8.49000	\$16.98	11/22/2022
<b>Schedule Total</b>						\$16.98	
<b>Item Total for Line 1</b>						\$16.98	
2-1	SUPPLIER PART NUMBER: 61515074505; APPOINTMENT PLANNER, MONTHLY , 8-7/8 X 11- 1/4; COMMODITY CODE: 615-15	615-15	1.00	EA	14.65000	\$14.65	11/22/2022
<b>Schedule Total</b>						\$14.65	
<b>Item Total for Line 2</b>						\$14.65	
<b>Total PO Amount</b>						\$31.63	

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, CTCH

**11/08/2022**