## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

| Payment Terms  | Freight Terms                       | Ship Via |                      |  | OTV 0 0000004447   |  |
|--|-------------------------------------|----------|----------------------|--|--------------------|--|
| Net 30   | Prepaid & Allow                     | BEST WAY | Purchase Order       |  | HHSTX-3-0000304117 |  |
| 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 |                                     |          | <b>Date</b> 11/02/22 | Revision   | Page<br>1          |  |
|  | r services delivered meet or exceed |          | Ship To:             | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop |                    |  |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  |                                     |          |                      | Austin TX 78756<br>United States   |                    |  |
| Vendor: 17   | 41976051 1                          |          | Bill To:             | Invoice-DSHS Fis   | scal Claims        |  |

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

DEPARTMENT OF STATE HEALTH SERVICES

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442 invoices@dshs.texas.gov **Email:** 

Martinez, Travis Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item **UOM** PO Price Quantity **Extended Amt Due Date** 

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

AGENCY CONTACT:

Sarah Ady

sarah.ady@dshs.texas.gov

HHSC BUYER: Travis Martinez, CTCD Ph 512-438-5685 Travis.Martinez@hhs.Texas.Gov

VENDOR:

Contractor: WorkQuest, Inc. Email: smartbuy@workquest.com

Phone: (512) 451-8145

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Term Contact: 615-S1 Smartbuy PO: 23028715

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 210343

1-1 615-15 75.00 EA 14.65000 \$1,098.75 11/16/2022

Appointment Planner, Monthly, 8-7/8 X

11-1/4

**Schedule Total** \$1,098.75

## **Department of State Health Services**

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| specifications  | Prepaid & Allow<br>by informal bid, Invitation for Offer, or Req<br>s, terms, and conditions set forth in the adve | rtisement and ve | WAY<br>l; all<br>ndor's | Purcl<br>Date<br>11/02 | hase Order     | Revision  | HHSTX-3-00               | 00304117<br>Page<br>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                   | Го:            | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States  |                          |                       |
| Vendor:   | 1741976051 1<br>WORKQUEST<br>1011 E 53RD 1/2 ST<br>AUSTIN TX 787511703<br>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 |                          |                       |
|   |  |                  |                         | _                      | 'ax:<br>Cmail: | 512/458-7442<br>invoices@dshs.  | texas.gov                |                       |
|   |  |                  |                         | Purch                  | naser:         | Martinez,Trav   |                          |                       |
| Line-Sch  | Inventory Item ID - Line Description   | Class/Item       | Quantity                | UOM                    |                | PO Price  | Extended Amt             | Due Date              |
| Found via Sn  | nartBuy: https://www.txsmartbuy.com/produ  | uct/6728512 Sma  | artbuy Contrac          | et 615-S1              | Item Total f   | for Line 1  | \$1,098.75               |                       |
| 2-1   | Calendar, Desk Pad, 22 X 17  | 615-19           | 200.00                  | EA                     |                | 8.49000   | \$1,698.00               | 11/16/2022            |
|   |  |                  |                         |                        | Scheo          | dule Total  | \$1,698.00               |                       |
| found via Sm  | artbuy: https://www.txsmartbuy.com/produ   | ct/6728511 unde  | er contract 615         | -S1                    | Item Total f   | or Line 2   | \$1,698.00               |                       |
|   |  |                  |                         |                        | Total PO       | O Amount  | \$2,796.75               |                       |
| No substitut  | tions or cancellations are permitted with  | hout prior appr  | oval by Hea             | lth & Hui              | man Services   | s Commission.   | If contractor fails to o | deliver by            |

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      |            |
|--------------------|------------|
| This Musting, CTCD | 11/02/2022 |