## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Term	9	Ship Via	Described and Contact		HHSTX-3-0000304416	
Net 30 Prepaid & Allow BEST WAY  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			Purchase Order			
requirements.  All shipments,	shipping papers, invoices, and correshase Order Number.			HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST		Bill To:	Invoice-DSHS Ac HEALTH & HUN 6711 S New Brau	MAN SERVICES COMMISSION	

AUSTIN TX 787511703 Ste 100

United States San Antonio TX 78223

United States

**Fax:** 210/531-7883

Email: SAHAccounting@dshs.texas.gov

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 General Goods

Exempt EX/0

Requisition #: HHSTX-3-0000211500

Smartbuy PO#: 23029319

Requester Name: Melissa Schulz

Phone #: 210-531-3700

Email: Melissa.Schulz@hhs.texas.gov

SHIP TO ATTN: Melissa Schulz, 210-531-3700, Melissa.Schulz@hhs.texas.gov, Bldg/Floor/Cubicle: 669/1/160

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: 615-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**

Ship Via

**Payment Terms** 

Freight Terms

**Dispatch via Print** 

specification conforming	Prepaid & Allow by informal bid, Invitation for Offer, or Recast, terms, and conditions set forth in the adversesponses become a part of this numbered purpods or services delivered meet or exceed no	rtisement and ve irchase order. Co	WAY al; all endor's ontractor	Purchase Order Date 11/07/22 Ship To:	Revision  6079 - San Antonio HEALTH & HUM.	AN SERVICES CO	Page 2
All shipmen	nts, shipping papers, invoices, and corresp irchase Order Number.	ondence must b	e identified		6711 S New Braum Ste 500 San Antonio TX 78 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-DSHS Acc HEALTH & HUM. 6711 S New Braum Ste 100 San Antonio TX 78 United States	AN SERVICES CO fels	OMMISSION
				Fax: Email:	210/531-7883 SAHAccounting@o	dshs.texas.gov	
				Purchaser:	Connell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Freight Ter	ms are FOB Destination Prepaid and Alle	owed/Add.					
Delivery ho	urs are from 8:30-11:30 AM and 1:00-4::	30 PM Monday	thru Friday e	except designated Sta	ate Holidays when th	he Warehouse is	closed.
1-1	Index Tabs, Daily 1-31, Multi-Color Tabs, 8 1/2" x 11", White Heavy Weight	615-39	40.00	PKG	3.11000	\$124.40	11/21/2022
				Scho	edule Total	\$124.40	
				Item Total	for Line 1	\$124.40	
				Total P	O Amount	\$124.40	

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.	11/07/2022