Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-3-0000304567	
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 11/08/22	Revision	Page 1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	Ship To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Austin TX 78756 United States	8756	
Vendor:	1741976051 1		Bill To:	Invoice-DSHS Fiscal Claims	VEAL THE GERVICES	

WORKQUEST 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 Email: invoices@dshs.texas.gov

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

FY23 Purchase

-

Procurement Type: EX / 0 Requisition: 0000210778

-

Agency Contact:

Name: Rebecca J Waldron Phone: (512) 231-5609

Email: rebecca.waldron@dshs.texas.gov

Purchaser Information: Name: Travis Reese Phone: (832) 212-9330

Email: travis.reese@hhs.texas.gov

Vendor: Workquest

Vendor Contact: Customer Service Vendor Phone: (512) 451-8145

 ${\it Email: customers ervice@work quest.com}$

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Contract#: 207-S2

TxSmartbuy PO#: 23029510

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Include P.O. Number on packing Slips, Cartons, Packages,

Bundles, ETC.

Freight: F.O.B. Destination Freight Prepaid Allowed

Terms: Net 30

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

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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-DSHS I DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	Γ OF STATE HEALT (RBB)	H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.t	texas.gov		
				Purchaser:	Reese,Travis			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
1-1	LABELS ADDRESS AVERY 5160 1"X2-5/8"	207-72	2.00	BOX	23.34000	\$46.68	11/08/2022	
				Se	chedule Total	\$46.68		
				Item Tot	tal for Line 1	\$46.68		

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	
- Varia Rosa, CTCD, CTCM	11/08/2022