## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

-			**			Disput	
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	<b>Ship V</b> BEST		Purchase Order		HHSTX-3-00	00304719
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 11/09/22	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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	1902 - Temple:2408 S 37th St DEPARTMENT OF STATE HEALTH SERVICES 2408 S 37th St Temple TX 76504 United States			
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>			Bill To:	Invoice-DSHS Fis DEPARTMENT 1100 W 49th St (I PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH RBB)	I SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.te:	xas.gov	
				Purchaser:	Wells,Alicia N		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY23 Funding EX/0- TGC 2155.441 - Managed Term Contract 962-S3 Requisition 0000211299 PO Service Dates 11/09/2022 to 08/31/2023

Terms and Conditions per Managed Term Contract 962-S3 apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08/31/2022 are automatically canceled.

**Texas District: 9** 

Job classification: 0006 Job class title: Receptionist Job skill level: Entry Temp: TBD Hours per week: 8 hours per week as needed when the switchboard employee is away from work (not every week) Estimated hours: 280

JOB DESCRIPTION: Performs routine receptionist work, including operating a telephone switchboard or console. Work involves placing, answering, and transferring call; receiving visitors; and providing general information. Works under moderate supervision, with limited latitude for the use of initiative and independent judgement.

Includes places, answers, and transfers calls and maintain phone logs. Greet callers and visitors, answers general questions, and directs customers to appropriate staff. Provides forms and general information to visitors and forwards completed form to appropriate staff. Refers caller or visitors to services or resources at other agencies or organizations. May perform clerical or data entry duties. Performs related work as assigned.

Knowledge, Skills, and Abilities: Knowledge of administrative, clerical, and data entry procedures and systems. Skill in use of a Telephone switchboard. Ability to transfer incoming calls to appropriate personnel; to greet and direct visitors; and to communicate effectively.

Service Period Start date: 11/09/2022 End Date: 08/31/2023

Hours: 8:00AM to 5:00PM Days per week: M-F

Department: Administration Street Address of Work Location: 2408 South 37th Street City/State/Zip: Temple, Texas 76504 Bldg/Room#: Front desk

## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000304719 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 11/09/22 2 conforming responses become a part of this numbered purchase order. Contractor 1902 - Temple:2408 S 37th St Ship To: guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 2408 S 37th St All shipments, shipping papers, invoices, and correspondence must be identified Temple TX 76504 with our Purchase Order Number. United States Vendor: 17419760511 Bill To: Invoice-DSHS Fiscal Claims WORKOUEST DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) 1011 E 53RD 1/2 ST AUSTIN TX 787511703 PO Box 149347 United States Austin TX 78756 United States Fax: 512/458-7442 invoices@dshs.texas.gov Email: Wells, Alicia N Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Quantity Extended Amt **Due Date** Supervisor Contact (Time card approval/resume reviewer/interviewer): Carol Davis Email: carol.davis@dshs.texas.gov Additional/Alternate Contact Name: Ashley Bruce-Tagoe Email: Ashley.bruce-tagoe@dshs.texas.gov Agency Contact (if not the Supervisor for Time card approval):Penny Jones Phone: 254-778-6744 Email: penny.jones@dshs.texas.gov Accounts Payable Contact Name: Felicia Poston Phone: 512-776-2288 Email: invoices@dshs.texas.gov Vendor: WorkQuest Address: 1011 E 53 1/2 St Austin, TX 78751 Supplier/Payee ID: 1741976051 CPA ID#: 84202 Regional Contact: Taylor Jordan Phone: 817-232-8836 E-mail: tjordan@workquest.com CC:tempservicepo@workquesttx.com HHSC PCS Purchasing Contact: Alicia Wells Phone: 512-406-2582 Email: Alicia.Wells@hhs.texas.gov 1-1 962-69 280.00 HR 17.29000 \$4,841.20 11/09/2022 FY23 DSHS Temple Switchboard Temp Services 11/09/22-08/31/23 \$4,841.20 Schedule Total Item Total for Line 1 \$4,841.20 \$4,841.20 **Total PO Amount** 

# **Department of State Health Services**

## **Purchase Order**

Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000304719	
specification	by informal bid, Invitation for Offer, or Re us, terms, and conditions set forth in the adv	ertisement and vendor's		Revision Page 3	
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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>		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: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Wells,Alicia N	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qu	antity UOM	PO Price Extended Amt Due Date	

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						
Alicia Weller, CTCD, CTCM	<u>11/14/2022</u>					

**Dispatch via Print**