Department of State Health Services

Purchase Order

Dispatch via Print

| Payment Terms | HHSTX-3-0000304768 | |
|--|--------------------|--|
| 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 requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | |
| | | |
| | s.texas.gov | |
| | s.texas.gov | |

Quantity

Purchaser:

UOM

Connell, Ron Lee

Extended Amt

Due Date

PO Price

FY23 General Goods

Exempt EX/0

Line-Sch

Requisition #: HHSTX-3-0000212040

Inventory Item ID - Line Description

Smartbuy PO#: 23049596

Requester Name: Heather Clark

Phone #: 254-771-6799

Email: Heather.Clark@dshs.texas.gov

SHIP TO ATTN: Heather Clark, 254-771-6799, Heather.Clark@dshs.texas.gov

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. **

Class/Item

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Department of State Health Services

Purchase Order

Ship Via

Payment Terms

Freight Terms

Calendar, Desktop Pad, 22x17

Dispatch via Print

| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. Vendor: 1741976051 1 | |
|--|---------------------------------|
| 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. Vendor: 1741976051 1 | Page 2 |
| WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov Purchaser: Connell,Ron Lee Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Exten DEPARTMENT OF STATE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States | 37th St TATE HEALTH SERVICES |
| Email: invoices@dshs.texas.gov Purchaser: Connell,Ron Lee Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Exten Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Ware | TATE HEALTH SERVICES |
| Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Ware | ov |
| Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Ware | |
| Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Ware | Extended Amt Due Date |
| | Warehouse is closed. |
| 1-1 Appointment Planner, Monthly, 8-7/8"x11-1/4", Year 2023 | \$78.48 11/24/2022 |
| Schedule Total | \$78.48 |
| Item Total for Line 1 | \$78.48 |

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.

5.00 EA

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

615-19

| Authorized By | |
|---------------|-------------------|
| Reef. | <u>11/10/2022</u> |

8.49000

Schedule Total

Item Total for Line 2

Total PO Amount

\$42.45

\$42.45

\$42.45

\$120.93

11/24/2022