## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Te	rms Freight Terms	Ship Via		11110TV 0 000000 4000		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000304860		
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page		
	specifications, terms, and conditions set forth in the advertisement and vendor's			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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	Vendor: 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			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:	Breest,Maria Ana		

Quantity

**UOM** 

PO Price

**Extended Amt** 

**Due Date** 

EX/0 - WorkQuest

Line-Sch

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

**Inventory Item ID - Line Description** 

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

Class/Item

INCLUDE P.O. NUMBER ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.
\*\* VENDORS SEND INVOICES VIA EMAIL TO \*\*\* invoices@dshs.texas.gov \*\*\*

#### AGENCY CONTACT:

Terri Lemuel

Terri.lemuel@dshs.texas.gov

HHSC BUYER:

Ana Breest, CTCD, CTCM

512-406-2679

Ana.breest@hhs.texas.gov

VENDOR:

VID: 17419760511

Contractor: Workquest, Inc.

Contact Name: WorkQuest Customer Service Email: customerservice@workquest.com

Phone: (512) 451-8145

Address: 1011 East 53 1/2 Street Austin TX 78751QUOTEX

PURCHASING METHOD: EX/0

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

Term Contact:207-S2 Term:11.16.21/11-30-26 Smartbuy PO: 23049955

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: 211617 **SMARTBUY** 

1-1 207-72 10.00 BOX 26.27000 \$262.70 11/14/2022

# **Department of State Health Services**

## **Purchase Order**

Ship Via

**Dispatch via Print** 

Net 30	Prepaid & Allow	BEST WAY	Purchase Order	•	HHSTX-3-000	00304860
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			<b>Date</b> 11/10/22	Revision		<b>Page</b> 2
guarantees requirement All shipme	responses become a part of this numbered pugoods or services delivered meet or exceed nuts.  nts, shipping papers, invoices, and correspurchase Order Number.	Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMIS 1111 W North Loop Austin TX 78756 United States		MMISSION	
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 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  512/458-7442 invoices@dshs.texas.gov		
			Fax: Email:			
			Purchaser:	Purchaser: Breest, Maria Ana		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Sch	edule Total	\$262.70	
			Item Total	for Line 1	\$262.70	
			Total I	PO Amount	\$262.70	

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.

Payment Terms

Freight Terms

Authorized By

MBHUST CTCD, CTCM

11/14/2022