Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Te Net 30 | rms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHS | TX-3-0000304984 |
|------------------------------------|---|-----------------------------|----------------------|--|-------------------|
| specification | by informal bid, Invitation for Offer, or Rs, terms, and conditions set forth in the ad | vertisement and vendor's | Date 11/15/22 | Revision | Page 1 |
| guarantees governments All shipmen | responses become a part of this numbered oods or services delivered meet or exceed s. ts, shipping papers, invoices, and corre rchase Order Number. | numbered purchase order | Ship To: | 5035 - Rusk:805 N Dickir HEALTH & HUMAN SEI 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States | |
| Vendor: | 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States | | Bill To: | Invoice - DADS HEALTH & HUMAN SEI 424 Mesquite Dr PO Box 1132 Mexia TX 76667 | RVICES COMMISSION |

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

United States

Purchaser: Connell,Ron Lee

Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 General Goods

Exempt EX/0

Line-Sch

Requisition #: HHSTX-3-0000212099

Smartbuy PO#: 23050097

Requester Name: Emma Hernandez

Phone #: 903.683.7100

Email: EmmaO.Hernandez@hhs.texas.gov

Inventory Item ID - Line Description

SHIP TO ATTN: Emma Hernandez, 903.683.7100, EmmaO.Hernandez@hhs.texas.gov, Bldg # 801, Rm # 1200

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, 785-S1, 620-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

Dispatch via Print

| Payment T Net 30 | Yerms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHSTX-3-0000304984 | | |
|---|---|--------------------------|----------------------|--|--|--|
| specificatio | d by informal bid, Invitation for Offer, or Rons, terms, and conditions set forth in the adv | vertisement and vendor's | Date 11/15/22 | Revision Page 2 | | |
| guarantees requirement All shipme | gresponses become a part of this numbered goods or services delivered meet or exceed to. nts, shipping papers, invoices, and corresurchase Order Number. | numbered purchase order | Ship To: | 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States | | |
| Vendor: | 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States | | Bill To: | Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States | | |
| | | | Fax: Email: | 254/562-1894 718Accounting@hhs.texas.gov | | |
| | | | Purchaser: | Connell,Ron Lee | | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item Quant | ity UOM | PO Price Extended Amt Due Date | | |

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

| 1-1 | Binder, 1/2" Capacity, 3 Ring, Vinyl View, WHITE; 615/73; Supplier Part Number: 61573160605 | 615-09 | 10.00 | EA | 3.70000 | \$37.00 | 12/05/2022 |
|-----|---|--------|-------|-----|-----------------------|---------|------------|
| | | | | | Schedule Total | \$37.00 | |
| | | | | | Item Total for Line 1 | \$37.00 | |
| 2-1 | Eraser, Dry Erase, Washable Foam; 785/57; Supplier Part Number: 78557270853 | 785-57 | 2.00 | EA | 2.10000 | \$4.20 | 11/29/2022 |
| | | | | | Schedule Total | \$4.20 | |
| | | | | | Item Total for Line 2 | \$4.20 | |
| 3-1 | Markers, Dry Erase, Chisel Tip, 8 Color/set; 620/86; Supplier Part Number: 62086509254 | 620-90 | 1.00 | SET | 9.09000 | \$9.09 | 11/29/2022 |
| | | | | | Schedule Total | \$9.09 | |
| | | | | | Item Total for Line 3 | \$9.09 | |
| | | | | | Total PO Amount | \$50.29 | |

Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Te | | Ship Via | | | | IIIOTV A AG | 00004004 |
|---|---|---------------------|----------|-------------------|---|--------------------|-----------|
| Net 30 | Prepaid & Allow | BEST WA | ΑY | Purchase Order | <u> </u> | <u> HHSTX-3-00</u> | 100304984 |
| | by informal bid, Invitation for Offer, or Re | | | Date | Revision | | Page |
| | s, terms, and conditions set forth in the adv | | | 11/15/22 | | | 3 |
| guarantees g requirements All shipmen | responses become a part of this numbered p oods or services delivered meet or exceed a s. tts, shipping papers, invoices, and corres rchase Order Number. | numbered purchase o | rder | Ship To: | 5035 - Rusk:805 N HEALTH & HUM. 805 N Dickinson D PO Box 318 Rusk TX 75785 United States | AN SERVICES CO | MMISSION |
| Vendor: | 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States | | | Bill To: | Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States | | |
| | | | | Fax: Email: | 254/562-1894 718Accounting@hl | hs.texas.gov | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | Purchaser: UOM | Connell,Ron Lee 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

Reef.

11/15/2022