## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment Terr	ns Freight Terms	Ship Via			EV 0 00000E400	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000305132	
specifications,	y informal bid, Invitation for Offer, or R terms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 11/16/22	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		
-	, shipping papers, invoices, and corres chase Order Number.	spondence must be identified		Austin TX 78756 United States		
Vendor:	1741976051 1 WORKQUEST		Bill To:	Invoice-DSHS Fiscal Claim DEPARTMENT OF STAT		

1011 E 53RD 1/2 ST AUSTIN TX 787511703 **United States** 

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

Fax: 512/458-7442 invoices@dshs.texas.gov **Email:** 

Purchaser: Reese, Travis

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

FY23 Purchase

Procurement Type: EX / 0 Requisition: 0000211792

Agency Contact: Name: Richard Rodriguez Phone: (512) 776-3223

Email: richard.rodriguez4@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 Email: smartbuy@workquest.com

Contract#: 615-S1

TxSmartbuy PO#: 23051790

Quote#: NA

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 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.t	exas.gov		
				Purchaser:	Reese,Travis			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
1-1	Appointment Planner, Monthly 8-7/8x 11-1/4	615-15	10.00	EA	14.65000	\$146.50	11/17/2022	
				Sch	edule Total	\$146.50		
				Item Total for Line 1 \$146.50				
				Total I	PO Amount	\$146.50		

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	
Varie Rosse, CTCD, CTCM	11/16/2022