## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	<b>(-3-0000305210</b>	
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 11/17/22	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:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States		
Vendor:	1741976051 1 WORKQUEST 1011 F 53RD 1/2 ST		Bill To:	Invoice - DADS HEALTH & HUMAN SERV	ICES COMMISSION	

United States

Fax: 325/795-3807 Email: 710Accounting@hhsc.state.tx.us

PO Box 451

Abilene TX 79602

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

FY23 Purchase

TX Smart Buy Purchase Order #: 23052118

AUSTIN TX 787511703

**United States** 

PCC: EX/0 620-S1

Term: 11/16/2021 - 11/30/2026

Requisition #: 0000212363

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact: Debbie Block / 325-465-2303 Email: Debbie.block@hhs.texas.gov

HHSC terms and conditions attached

Purchaser Information: HHSC Purchasing:

Contact Name: Leslie Alexander Contact Phone: 512-406-2424

Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

**VENDOR INFORMATION:** 

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

Phone: (512) 451-8145

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

LEGAL SITE:

Prison Made Good Act 2155.065 and is noncompetitive. INTERAGENCY COOPERATION ACT - TGC Chapter 771

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Payment Te	erms Freight Terms	Ship V	<sup>7</sup> ia			·		
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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> 11/17/22	Revision Page 2			
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:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 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 2501 Maple St PO Box 451 Abilene TX 79602 United States			
				Fax: Email:	325/795-3807 710Accounting@hh:	sc.state.tx.us		
				Purchaser:	Alexander,Leslie L	. 5	12/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
1-1	Supplier Part #: 62080190267 - Pen, Gel Ink, Medium Point, Rubber Grip, GR8, retractable gel ink pen. Extra large	620-80	2.00	DOZ	14.35000	\$28.70	12/01/2022	

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.

refillable barrel, Soft rubberized grip

Authorized By

Leslie Hand S, CTP

11/17/2022

Schedule Total

Item Total for Line 1

Total PO Amount

\$28.70

\$28.70

\$28.70