### **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment To Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000305256		
specification	d by informal bid, Invitation for Offer, or R ns, terms, and conditions set forth in the ad-	vertisement and vendor's	<b>Date</b> 11/17/22	Revision Page		
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.			Snip 10:	1908 - Austin:1100 W 49th St (DHT) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) PO Box 149347 Austin TX 78756 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>		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.texas.gov		
			Purchaser:	Mills,George M		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quar	ntity UOM	PO Price Extended Amt Due Date		

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

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

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

AGENCY CONTACT: Lead Contact Name: STACEY THOMAS Email: STACEY.THOMAS@DSHS.TEXAS.GOV Phone: 512-776-7770

AP Email:

Ship to Attn: Name: STACEY THOMAS Email: STACEY.THOMAS@DSHS.TEXAS.GOV Phone: 512-776-7770

Building and Room number DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DHT) PO Box 149347 Austin TX 78756 United States

Warehouse deliver to:

HHSC BUYER: George Mills, CTCD, Ph 512-406-2602, Fax 512-406-2695, email George.Mills@hhs.texas.gov

VENDOR: WORKQUEST Address: 1011 East 53rdSt. Austin TX Vendor Phone Number: 512-451-8145 Email: information@workquesttx.com

# Department of State Health Services

# **Purchase Order**

						Dispa	tch via Prir	
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	00030525	
If advertised by in	formal bid, Invitation for Offer, or Re	quest for Proposa	ıl; all	Date	Revision		Paç	
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.				11/17/22 Ship To:		(DHT)	TATE HEALTH SERVICES	
V 1 A	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>			Bill To:	United States Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		I SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.t	exas.gov		
				Purchaser:	Mills,George N	1		
Line-Sch Inve	entory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
Requisition 0000 I-1 Ray A16	ovac 9V batteries 45006100108	450-06	2.00	EA	19.75000		11/17/2022	
					dule Total for Line 1			
	craft Highlighters - 12 pack assorted 2090361007	620-90	1.00	EA	8.30000	\$8.30	11/17/2022	
				Sche	dule Total	\$8.30		
				Item Total	for Line 2	\$8.30		
	craft Yellow Highlighters - 12 pack 2090383509	620-90	3.00	EA	9.50000	\$28.50	11/17/2022	
				Sche	dule Total	\$28.50		
				Item Total	for Line 3	\$28.50		
4-1 Skil	craft Highlighters - 12 pack assorted	620-90	1.00	EA	8.30000	\$8.30	11/17/2022	

## **Department of State Health Services**

### **Purchase Order**

Ship Via **Payment Terms** Freight Terms HHSTX-3-0000305256 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 11/17/22 3 conforming responses become a part of this numbered purchase order. Contractor Ship To: 1908 - Austin:1100 W 49th St (DHT) guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DHT) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 17419760511 Bill To: Invoice-DSHS Fiscal Claims Vendor: DEPARTMENT OF STATE HEALTH SERVICES WORKQUEST 1011 E 53RD 1/2 ST 1100 W 49th St (RBB) AUSTIN TX 787511703 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov **Purchaser:** Mills,George M Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date -- 6209036100 Schedule Total \$8.30 Item Total for Line 4 \$8.30 5-1 620-90 1.00 EA 8.30000 \$8.30 11/17/2022 Skilcraft Highlighters - 12 pack assorted -- 6209036100 **Schedule Total** \$8.30 \$8.30 Item Total for Line 5 \$92.90 **Total PO Amount** 

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	
Les M @ CTCA	<u>11/21/2022</u>

**Dispatch via Print**