Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000305570	
If advertised by information specifications, terms	rmal bid, Invitation for Offer, or , and conditions set forth in the a	Request for Proposal; all dvertisement and vendor's	Date 11/23/22	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:	4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Corpus Christi TX 78405 United States		
Vendor: 174	1976051 1		Bill To:	Invoice - DADS		

WORKOUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 S Hwy 36 Brenham TX 77833 United States

Fax: 979/277-1865

Martinez, Travis Purchaser:

Line-Sch **Inventory Item ID - Line Description UOM** PO Price Class/Item Quantity **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: Delivery Contact: Adrian Gerry Phone no: 361.844.7734 Email: adrian.gerry@hhs.texas.gov

Bldg/Floor/Cubicle: Bldg 519

HHSC BUYER: Travis Martinez, CTCD Ph 512-438-5685

Travis.Martinez@hhs.Texas.Gov

VENDOR:

Contractor: WorkQuest, Inc. Email: smartbuy@workquest.com

Phone: (512) 451-8145

PURCHASING METHOD: EX/0

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

Term Contact: 620-s1 Smartbuy PO: 23055787

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 209194

7.88000 1-1 620-90 1.00 DOZ \$7.88 12/12/2022

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V 1 A	741976051 1 VORKQUEST 011 E 53RD 1/2 ST LUSTIN TX 787511703 Jnited States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 S Hwy 36 Brenham TX 77833 United States	
			Fax:	979/277-1865	

				Purc	chaser: Martinez, Travis		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	SPN# 125328 Sharpie Permanent Markers Fine Point Black 12/Pk						
					Schedule Total	\$7.88	
					Item Total for Line 1	\$7.88	
2-1	Freight fee	620-90	1.00	LOT	5.25000	\$5.25	11/23/2022
					Schedule Total	\$5.25	
					Item Total for Line 2	\$5.25	
					Total PO Amount	\$13.13	

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	
This Musting, CTCD	
	11/28/2022