Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	ГХ-3-0000305599
specifications	by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac	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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	4514 - Waco:3501 N 19th St DEPARTMENT OF STATE HEALTH SERVICES 3501 N 19th St Waco TX 76708 United States	
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SER 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	RVICES COMMISSION

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Purchaser: Alvarado, Veronica

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

FY23 Purchase / Requisition #: 0000212887

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 15 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

**PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO 718Accounting@hhsc.state.tx.us **and marla.womack@hhs.texas.gov

Agency Contact: Jennifer Miller @ 254-745-5301 JenniferM.Miller@hhs.texas.gov

Purchaser:

Veronica Alvarado @ (512) 406-2505 Veronia.Alvarado@hhs.texas.gov

Vendor Name: Workquest Customer Service @ 512-451-8145 smartbuy@workquest.com

Purchasing Method: EX/0 Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Term Contact: 620-S1

Term: Start Date: 11-16-2021 / End Date: 11-30-2026

Smartbuy PO:

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

1-1 620-60 3.00 PKG 10.20000 \$30.60 12/14/2022

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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISS 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		OMMISSION	
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov			
				Purchaser:	Alvarado,Verd	onica	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				S	chedule Total	\$30.60	
				Item To	tal for Line 1	\$30.60	
				Tota	l PO Amount	\$30.60	

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.

Payment Terms

Freight Terms

Authorized By

Murica Hull

11/28/2022