

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000305837
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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 11/30/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States

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

Purchaser: Alexander, Leslie L 512/406-2424

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Purchase

TX Smart Buy Purchase Order #: 23056189

PCC: EX/0
615-S1
Term: 11/16/2021 - 11/30/2026

Requisition #: 0000213338

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact:
Lori Dye / 806-783-6474
Email: Lori.dye@dshs.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

1-1	Commodity Code: 61519130779 - Calendar, Desk Pad, 22X17	615-19	3.00	EA	8.49000	\$25.47	12/14/2022
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Schedule Total \$25.47

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
						Item Total for Line 1	\$25.47
2-1	Commodity Code: 61515074505 - Appointment Planner, Monthly 8-7/8x11-1/4	615-15	4.00	EA	14.65000	\$58.60	12/14/2022
						Schedule Total	\$58.60
						Item Total for Line 2	\$58.60
						Total PO Amount	\$84.07

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

Leslie Alexander, CTP

11/30/2022