Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	K-3-0000306008	
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	lvertisement and vendor's	Date 12/02/22	Revision Page		
guarantees gorequirements All shipmen	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: 4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703		Bill To:	Invoice - DADS HEALTH & HUMAN SERV 4001 Highway 36 South Brenham TX 77833	ICES COMMISSION	

Fax: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

United States

Connell, Ron Lee Purchaser:

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

FY23 General Goods

Exempt EX/0

Requisition #: HHSTX-3-0000211340

Smartbuy PO#: 23056541

Requester Name: Gabriele Dangerfield

Phone #: 512-419-2663

Email: Gabriele.Dangerfield@hhs.texas.gov

AUSTIN TX 787511703 **United States**

SHIP TO ATTN: Gabriele Dangerfield, 512-419-2663, Gabriele.Dangerfield@hhs.texas.gov, Bldg. 800

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: Ron.Connell@hhs.texas.gov

Vendor Name: Workquest 1741976051

Contact: Tricia Sullivan Phone #: 512-451-8145 Email: tsullivan@workquest.com

Contract: 615-S1, 620-S1, 605-S1, 645-S1

Procurement exempt from CPA rules - In accordance with Texas Government Code, Title 7, Chapter 771, Interagency Cooperation Act.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

** ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY23. **

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000306008		
If advertised by info	ormal bid, Invitation for Offer, or s, and conditions set forth in the a	Request for Proposal; all dvertisement and vendor's	Date 12/02/22	Revision Page		
guarantees goods or requirements.	es become a part of this numbere services delivered meet or excee	d numbered purchase order	Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Austin TX 78751 United States		
Vendor: 174	41976051 1		Bill To:	Invoice - DADS		

WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 **United States**

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

979/277-1865 Fax:

712Accounting@hhs.texas.gov Email:

Connell,Ron Lee **Purchaser:**

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

Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

1-1	FY23-Goods, #60569453081, Scissor, Bent, 8" Length, Cut Length 3 1/4", Stainless Steel, Rubberized Grip	605-69	6.00	EA	4.83000	\$28.98	12/16/2022
					Schedule Total	\$28.98	
					Item Total for Line 1	\$28.98	
2-1	FY23-Goods, #62086509239, Dry erase markers for use on whiteboards. Four color assortment (black, blue, red, and green). Fine point. Low odor.	620-86	4.00	SET	4.80000	\$19.20	12/16/2022
					Schedule Total	\$19.20	
					Item Total for Line 2	\$19.20	
3-1	FY23-Goods, #64521404059, Paper, Bond, Virgin, White, Prem No. 4, 20 Lb, Legal	645-21	5.00	CTN	77.55000	\$387.75	12/22/2022
					Schedule Total	\$387.75	
					Item Total for Line 3	\$387.75	
4-1	FY23-Goods, #61515074503, Appointment Planner, Weekly, 8 7/8 X 11-1/4	615-15	90.00	EA	18.94000	\$1,704.60	12/16/2022
					Schedule Total	\$1,704.60	
					Item Total for Line 4	\$1,704.60	
5-1		615-19	14.00	EA	10.98000	\$153.72	12/16/2022

Health and Human Services Commission

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Payment Terms

Freight Terms

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Net 30	Prepaid & Allow	Ship V BEST		Purchase Or	der	HHSTX-3-0000306008
specification	by informal bid, Invitation for Offer, or Reconst, terms, and conditions set forth in the adversary property of this sumbored by	rtisement and vo	endor's	Date 12/02/22	Revision	Page 3
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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice - DADS HEALTH & HU 4001 Highway 3 Brenham TX 77: United States	JMAN SERVICES COMMISSION 36 South
				Fax: Email:	979/277-1865 712Accounting@	@hhs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Connell,Ron Le	Extended Amt Due Date
Zinc-och	FY23-Goods, #61519700100, Wall Calendar Three Month Vertical Display, 26" X 12.25"	CIASS/IWIII	Quantity	COM	TOTAL	Extended Aint Due Date
				S	Schedule Total	\$153.72
				Item To	otal for Line 5	\$153.72
6-1	FY23-Goods, #61519130781, Calendar, Wall, January - December, 24 X 37, Laminated, 2 Sides Vertical Or Horizontal	615-19	1.00	EA	17.50000	\$17.50 12/16/2022
				S	Schedule Total	\$17.50
				Item To	otal for Line 6	\$17.50
				Tota	al PO Amount	\$2,311.75

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	
Reef.	12/02/2022