## **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

HHSTX-3-0000306306	F	Purchase Order	<b>hip Via</b> EST WAY		Freight Terms Prepaid & Allow	Payment Terms Net 30
1	Revision 0497 - Bryan:2400	Date 12/07/22 Ship To:	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			
AMILY AND PROTECTIVE SERVICES born X 77803		Simp 10:	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.			
0 X 78728		Bill To:		1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>		WO 101 AUS
7756 eg07_AP_Purchases@hhsc.state.tx.us	512/832-7756 HHSCReg07_AP_F	Fax: Email:				
Ron Lee	Connell,Ron Lee	Purchaser:				
e Extended Amt Due Date	PO Price	UOM	em Ouantity	Class/Item	y Item ID - Line Description	Line-Sch Invent

FY23 General Goods

Exempt EX/0

Requisition #: HHSTX-3-0000213218 Smartbuy PO#: 23058853

Requester Name: Christopher Carter Phone #: 512-243-4877 Email: Christopher.Carter01@hhs.texas.gov

SHIP TO ATTN : Linda J Harris, 979-776-3637, Linda.Harris@dfps.state.tx.us

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: 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.

## **Health and Human Services Commission**

#### **Purchase Order**

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Net 30	ms Freight Terms Prepaid & Allow	<b>Ship Vi</b> BEST V		Purch	hase Order		HHSTX-3-0	000306306		
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		Date 12/07	/22	Revision		Pag				
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.					Го:	0497 - Bryan:2400 Osborn DEPT FAMILY AND PROTECTIVE SERVICES 2400 Osborn Bryan TX 77803 United States				
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>				0:	Invoice-HHSC 07:Headquarters,Q HEALTH & HUMAN SERVICES COMMISSION 4616 W Howard Ln Ste 1-120 Austin TX 78728 United States				
							`ax: Cmail:	512/832-7756 HHSCReg07_AI	P_Purchases@hhsc.st	ate.tx.us
<b></b>			0 ///	Purch		Connell,Ron Le				
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date		
******	***************************************	*****	*********	******	********	****				
1-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm Code 64521350104-2	645-21	35.00	BOX		60.91000		12/27/2022		
1-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm			BOX	Sched	60.91000	\$2,131.85	12/27/2022		
2-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm			BOX	Sched Item Total fo	60.91000	\$2,131.85	12/27/2022		
2-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm Code 64521350104-2 Premium Delivery- Facility Designated	645-21	35.00	BOX	Sched Item Total fo	60.91000  ule Total or Line 1 61.40000	\$2,131.85 \$2,131.85 \$161.40			
1-1 2-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm Code 64521350104-2 Premium Delivery- Facility Designated	645-21	35.00	BOX	Sched Item Total fo I Sched	60.91000 ule Total or Line 1	\$2,131.85 \$2,131.85 \$161.40 \$161.40			
1-1 2-1 3-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm Code 64521350104-2 Premium Delivery- Facility Designated	645-21	35.00	BOX	Sched Item Total fo I Sched	60.91000 ule Total or Line 1 61.40000 ule Total	\$2,131.85 \$2,131.85 \$161.40 \$161.40			
1-1 2-1 3-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm Code 64521350104-2 Premium Delivery- Facility Designated room 157	645-21 962-86	35.00	BOX	Sched Item Total fo I Sched Item Total fo	60.91000 ule Total or Line 1 61.40000 ule Total or Line 2	\$2,131.85 \$2,131.85 \$161.40 \$161.40 \$161.40 \$45.00	12/27/2022		
1-1 2-1 3-1	FY23 R07 - Paper, Copy/500 Sheets/Ream, 8.5 X 11 Inches Comm Code 64521350104-2 Premium Delivery- Facility Designated room 157	645-21 962-86	35.00	BOX	Sched Item Total fo Sched Item Total fo Sched	60.91000 ule Total or Line 1 61.40000 ule Total or Line 2 45.00000	\$2,131.85 \$2,131.85 \$161.40 \$161.40 \$161.40 \$45.00 \$45.00	12/27/2022		

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.

# Health and Human Services Commission

### **Purchase Order**

					Dispatch via Print	
Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	TX-3-0000306306	
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendor's	Date 12/07/22	Revision	<b>Раде</b> З	
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			Fax: Email:	512/832-7756 HHSCReg07_AP_Purchase	es@hhsc.state.tx.us	
			Purchaser:	Connell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Exter	nded Amt Due Date	

Authorized By Reef. <u>12/07/2022</u>