## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** Ship Via **Payment Terms** Freight Terms HHSTX-3-0000306309 Net 30 FOB Dest. Prepaid & Allowed BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 12/07/22 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 4546 - Austin:1100 W 49th St (DBGL guarantees goods or services delivered meet or exceed numbered purchase order DEPARTMENT OF STATE HEALTH SERVICES requirements. 1100 W 49th St (DBGL) All shipments, shipping papers, invoices, and correspondence must be identified PO Box 149347 with our Purchase Order Number. Austin TX 78756 United States 17419760511 Bill To: Invoice-DSHS Fiscal Claims Vendor: WORKQUEST DEPARTMENT OF STATE HEALTH SERVICES 1011 E 53RD 1/2 ST 1100 W 49th St (RBB) AUSTIN TX 787511703 PO Box 149347 **United States** Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov Purchaser: Fletcher, Patricia Rose Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date AGENCY CONTACT: Name: Cynthia Martinez Phone: 512/776-7430 Email:cynthia.martinez@dshs.texas.gov PURCHASER: Name: Patricia Fletcher Phone:512/406-2538 Email:patricia.fletcher@hhs.texas.gov VENDOR: Name Workquest Phone: 512/451-8145 Email: smartbuy@workquest.com Contract: Customer Service Term 11/16/2021 - 11/30/2026 Smart Buy PO: 23058852 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 **REQUIREMENTS/LIMITATIONS:** This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding. SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight prepaid Allowed. Delivery hours are from 8-11:30am and 1-4:30pm M-F Except State Holidays. Invoice per 34 TAC §20.487, amended effective May 1, 2022 1-1 615-19 20.00 EA 8.49000 \$169.80 12/14/2022 DESK PAD CALENDAR, 22" X 17"; NIGP: 61519; SUPPLIER #61519130779; MANUFACTURER #HOD124 Schedule Total \$169.80 FY23 3119 Calendars

# Department of State Health Services

## **Purchase Order**

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|  | Freight Terms  | Ship V          |          |   |   |                          | 0000000    |
|--|--|-----------------|----------|---|---|--------------------------|------------|
| Net 30   | FOB Dest. Prepaid & Allowed  | BEST            |          | Purchase Order  |   | HHSTX-3-00               |            |
| specifications, terms  | ormal bid, Invitation for Offer, or Requises, and conditions set forth in the advertise base have a part of this numbered mure | tisement and ve | endor's  | <b>Date</b><br>12/07/22   | Revision  |                          | Pag        |
| conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |                 | Ship To: | 4546 - Austin:1100 W 49th St (DBGL<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (DBGL)<br>PO Box 149347<br>Austin TX 78756<br>United States |   |                          |            |
|  |  |                 |          |   |   |                          |            |
| W0<br>10<br>AU   | 41976051 1<br>ORKQUEST<br>11 E 53RD 1/2 ST<br>USTIN TX 787511703<br>hited States   |                 |          | Bill To:  | Invoice-DSHS F<br>DEPARTMENT<br>1100 W 49th St<br>PO Box 149347<br>Austin TX 78750<br>United States | OF STATE HEALTI<br>(RBB) | I SERVICES |
|  |  |                 |          | Fax:<br>Email:  | 512/458-7442<br>invoices@dshs.tr  | exas.gov                 |            |
| Line-Sch Inver   | ntory Item ID - Line Description   | Class/Item      | Quantity | Purchaser:<br>UOM   | Fletcher,Patrici<br>PO Price  | a Rose<br>Extended Amt   | Due Date   |
| Line-Sch niver   | nory nem in - Line Description   | Class/Itelli    | Quantity | UOM   | rorne   | Extended Ant             | Due Date   |
| VENDOR INFORM<br>Vendor: Tx Smart E<br>VID: 17419760511<br>Contractor: WorkQu<br>Email: smartbuy@v<br>Phone: (512) 451-8<br>Address: 1011 East   | 3uy<br>uest Inc<br>workquest.com   |                 |          |   |   |                          |            |
| PO BILL TO INFO  | RMATION  |                 |          |   |   |                          |            |
| DSHS<br>ATTN: FISCAL DI<br>1100 WEST 49TH 3<br>AUSTIN, TEXAS 7   |  |                 |          |   |   |                          |            |
| CODE # 4546  |  |                 |          |   |   |                          |            |
| FOR DSHS INTER<br>BUILDING: Labora<br>FLOOR: L-204.1<br>CONTACT: Cynthi<br>PHONE #: 512-776  | ia Martinez  |                 |          |   |   |                          |            |
| Requester Name: C  | ynthia Martinez  |                 |          |   |   |                          |            |
| Requester Phone Nu   | umber/area code: 512-776-7430  |                 |          |   |   |                          |            |
| Requester E-mail ac  | ddress: Cynthia.Martinez@dshs.texas.§  | gov             |          |   |   |                          |            |
| SCOR Division- DS  | SHS-Infectious Disease   |                 |          | Item Total  | for Line 1  | \$169.80                 |            |
|  | THLY PLANNER, WIRE<br>ND, BLACK, 8 7/8" X 11 1/4";   | 615-72          | 30.00    | EA  | 14.65000  | \$439.50                 | 12/14/2022 |
| NIGP   | P: 61515; SUPPLIER<br>15074505   |                 |          |   |   |                          |            |

## **Department of State Health Services**

### **Purchase Order**

| Payment Te   | erms Freight Terms   | Ship Via           |                  |   | Diopa                |            |
|--|--|--------------------|------------------|---|----------------------|------------|
| Net 30   | FOB Dest. Prepaid & Allowed  | BEST WAY           | Purchase Order   |   | HHSTX-3-00           | 000306309  |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all<br>specifications, terms, and conditions set forth in the advertisement and vendor's<br>conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |  |                    | Date<br>12/07/22 | Revision  |                      | Page<br>3  |
|  |  |                    | Ship To:<br>d    | 4546 - Austin:1100 W 49th St (DBGL<br>DEPARTMENT OF STATE HEALTH SERVICES<br>1100 W 49th St (DBGL)<br>PO Box 149347<br>Austin TX 78756<br>United States |                      |            |
| Vendor:  | 1741976051 1<br>WORKQUEST<br>1011 E 53RD 1/2 ST<br>AUSTIN TX 787511703<br><b>United States</b> |                    | Bill To:         | ill To:<br>Invoice-DSHS Fiscal Claims<br>DEPARTMENT OF STATE HEALTH S<br>1100 W 49th St (RBB)<br>PO Box 149347<br>Austin TX 78756<br>United States      |                      | I SERVICES |
|  |  |                    | Fax:<br>Email:   | 512/458-7442<br>invoices@dshs.te  | exas.gov             |            |
|  |  |                    | Purchaser:       | Fletcher,Patricia   | a Rose               |            |
| Line-Sch   | Inventory Item ID - Line Description   | Class/Item Quantit | y UOM            | PO Price  | Extended Amt         | Due Date   |
|  |  |                    |                  | for Line 2<br>O Amount  | \$439.50<br>\$609.30 |            |

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           |                   |
|-------------------------|-------------------|
| Patricia Fletcher, CTPM | <u>12/07/2022</u> |

**Dispatch via Print**