Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship Via		LUIOTY 0 000000015		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000306315		
If advertised	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page		
	specifications, terms, and conditions set forth in the advertisement and vendor's			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:	2341 - Mexia:939 Industrial Blvd HEALTH & HUMAN SERVICES COMMISSION 939 Industrial Blvd Mexia TX 76667 United States		
Vendor:	Vendor: 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-HHSC 07:Headquarters,Q HEALTH & HUMAN SERVICES COMMISSION 4616 W Howard Ln Ste 1-120 Austin TX 78728 United States		
			Fax: Email:	512/832-7756 HHSCReg07_AP_Purchases@hhsc.state.tx.us		
			Purchaser:	Connell,Ron Lee		

Quantity

UOM

PO Price

Extended Amt

Due Date

FY23 General Goods

Exempt EX/0

Line-Sch

Requisition #: HHSTX-3-0000213250

Smartbuy PO#: 23058883

Requester Name: Christopher Carter

Phone #: 512-243-4877

Email: Christopher.Carter01@hhs.texas.gov

Inventory Item ID - Line Description

SHIP TO ATTN: Shelia A Marquis, 254-562-4226, Shelia.Marquis@hhs.texas.gov

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. ** **

Class/Item

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

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

HHSTX-3-0000306315

Net 30	Prepaid & Allow	BEST		Purchase Order	HHSTX-3-000030631		
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 12/07/22	Revision Pag			
			Ship To:				
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-HHSC 07:Headquarters,Q HEALTH & HUMAN SERVICES COMMISSION 4616 W Howard Ln Ste 1-120 Austin TX 78728 United States		
				Fax:	512/832-7756		
				Email:	HHSCReg07_A	AP_Purchases@hhsc.state.tx.us	
				Purchaser:	Connell,Ron L	.ee	
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	20.00	BOX	60.91000	\$1,218.20	12/27/2022
					Schedule Total	\$1,218.20	
					Item Total for Line 1	\$1,218.20	
2-1	White Glove (to be dropped off in the back storage room 116)	962-86	1.00	LOT	130.80000	\$130.80	12/27/2022
					Schedule Total	\$130.80	
					Item Total for Line 2	\$130.80	
					Total PO Amount	\$1,349.00	

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.

12/07/2022