Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕ	TX-3-0000306319
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	Page 1
			Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr El Paso TX 79905 United States	
Vendor: 17	41976051 1		Bill To:	Invoice-DSHS Accounts I	Payable

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

DEPARTMENT OF STATE HEALTH SERVICES

1200 E Brin PO Box 70 Terrell TX 75160 United States

Fax: 972/551-8052

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Martinez, Travis **Purchaser:**

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date	te
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

AGENCY CONTACT:

Lead Contact Name: Gina Ramirez

Lead Contact Email: georgina.ramirez@hhs.texas.gov

Lead Contact Phone: 915-782-6457

HHSC BUYER: Travis Martinez, CTCD Ph 512-438-5685

Travis.Martinez@hhs.Texas.Gov

VENDOR:

Contractor: WorkQuest, Inc. Email: smartbuy@workquest.com

Phone: (512) 451-8145

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Term Contact: 615-s1 Smartbuy PO: 23059079

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 212194

1-1 615-19 6.00 EA 17.79000 \$106.74 12/22/2022

Health and Human Services Commission

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Payment To		Ship Via			LUIOTY O OC	00000040
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-00	
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			Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States 972/551-8052 DSHS.TSHBusinessOffice@dshs.texas.gov		
			Fax: Email:			
			Purchaser:	Martinez, Travi	S	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Sche	dule Total	\$106.74	
			Item Total	for Line 1	\$106.74	
		Total Po	O Amount	\$106.74		

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

This Mustling, CTCD

12/08/2022