

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307888
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.			Date 01/06/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 9051 - San Antonio:3411 Horal St HEALTH & HUMAN SERVICES COMMISSION 3411 Horal St San Antonio TX 78227 United States
			Page 1

Vendor: 1741976051 1
WORKQUEST
1011 E 53RD 1/2 ST
AUSTIN TX 787511703
United States

Bill To: Invoice-HHSC Region 8, Inspect
HEALTH & HUMAN SERVICES COMMISSION
11307 Roszell
PO Box 23990
San Antonio TX 78217
United States

Fax: 210/619-8272
Email: Reg08_Admin_Services@hhsc.state.tx.us

Purchaser: Farris,Lilly K 512/406-2452

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23
Procurement Method: Exempt (EX/0) WorkQuest

Requisition #: HHSTX-3-0000215512

AGENCY CONTACT:
Name: Stephanie Nesbitt
Facility: HHS San Antonio Office
Phone: 512-303-9049
Email: stephanie.nesbitt@hhs.texas.gov

Delivery Hours: 8am - 4pm, Inside delivery to 3rd Floor Room C327

HHSC PURCHASER:
Name: Lilly Farris CTCD
Phone: 512-406-2452
Email: lilly.farris@hhs.texas.gov

VENDOR:
Name: WorkQuest
Contact: Customer Service
Phone: 512-451-8145
Email: orders@workquest.com

QUOTE: TxSmartBuy Online Pricing

TxSmartBuy PO #: 23072070
Estimated Delivery Date: 01-26-2023
TxSmartBuy PO #23072070 attached

1-1	8.5" X 11" COPY PAPER, BOND, VIRGIN, PREM NO. 4, 20 LB., COMMODITY CODE 64521350104-1	645-33	20.00	CTN	60.91000	\$1,218.20	01/26/2023
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Schedule Total \$1,218.20
Item Total for Line 1 \$1,218.20

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	PREMIUM INSIDE DELIVERY FEE	645-33	1.00	LOT	130.80000	\$130.80	01/26/2023
Schedule Total						\$130.80	
Item Total for Line 2						\$130.80	
3-1	LIFTGATE FEE	645-33	1.00	LOT	45.00000	\$45.00	01/26/2023
Schedule Total						\$45.00	
Item Total for Line 3						\$45.00	
Total PO Amount						\$1,394.00	

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

Lilly Farris, CTCD

01/09/2023