

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000308201
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 01/12/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

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

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Alexander,Leslie L 512/406-2424

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Purchase

Texas Smart Buy PO #: 23076321

Term Contract (DOC 9)
Term Contract: 615-S1
Start Date: 11/16/2021 thru 11/30/2026
No Renewal Options

Requisition #: 0000215496

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Freight Terms are FOB Destination Prepaid and Allowed/Add
Terms: Net 30

Agency Delivery Contact:
Matthew Messmer / 512-776-6644
Email: Matthew.Messmer@dshs.texas.gov

HHSC terms and conditions attached

HHSC Purchasing:
Leslie Alexander
512-406-2424
Fax: 512-406-2695
Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION:
Contractor: Workquest, Inc.
Contact Name: WorkQuest Customer Service
Email: customerservice@workquest.com
Phone: (512) 451-8145

LEGAL SITE:
Prison Made Good Act 2155.065 and is noncompetitive.
INTERAGENCY COOPERATION ACT TGC Chapter 771

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4546 - Austin:1100 W 49th St (DBGL) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States

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Purchaser: Alexander, Leslie L 512/406-2424

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	APPOINTMENT PLANNER, MONTHLY, WIRE BOUND, BLACK, 8-7/8 X 11-1/4, \ SUPP#: 61515074505	615-15	3.00	EA	14.65000	\$43.95	01/26/2023
Schedule Total						<u>\$43.95</u>	
Item Total for Line 1						<u>\$43.95</u>	
2-1	CALENDAR, DESK PAD, 22 X 17, 12 MONTHS \ SUPPLIER PART NUMBER: 61519130779 / MANUFACTURER PART #: HOD124	616-19	3.00	EA	8.49000	\$25.47	01/26/2023
Schedule Total						<u>\$25.47</u>	
Item Total for Line 2						<u>\$25.47</u>	
Total PO Amount						\$69.42	

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 	01/12/2023
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