

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-3-0000308413
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 01/17/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston Richmond TX 77469 United States
			Page 1

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

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Omisore,Oluwaseyi Samuel 512/776-4242

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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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:
Diana Dockal
281-344-4277 Diana.Dockal@hhs.texas.gov

Ship to Attn: Diana Dockal

HHSC BUYER:
Oluwaseyi Omisore, CTCD, CTCM
512-776-4242 Oluwaseyi.Omisore@hhs.texas.gov

VENDOR: WorkQuest, Inc.
(512) 451-8145 customerservice@workquest.com

QUOTE: Price from vendor

PURCHASING METHOD: EX/0 Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Term Contact: 620-S1

Term:

Smartbuy PO: 23081329

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 0000216345

1-1	620-90	1.00	DOZ	7.88000	\$7.88	02/10/2023
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Permanent marker. Fine, point, Black, Supplier Part Number: 62090220989						
					Schedule Total	\$7.88	
					Item Total for Line 1	\$7.88	
2-1	Freight Charge	962-86	1.00	EA	5.25000	\$5.25	02/10/2023
					Schedule Total	\$5.25	
					Item Total for Line 2	\$5.25	
					Total PO Amount	\$13.13	

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 <i>Oluwaseyi Omisore CTCB CTCM</i>	01/23/2023
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