

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-3-0000308847
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 01/24/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1903 - El Paso:401 Franklin Ave DEPARTMENT OF STATE HEALTH SERVICES 401 Franklin Ave Ste 210 El Paso TX 79901 United States
			Page 1

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

TX Smart Buy Purchase Order #: 23081434

PCC: EX/0
615-S1
Term: 11/16/2021 - 11/30/2026

Requisition #: 0000216420

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact:
Nancy Clinton / (915) 834-7675
Email: nancy.clinton@dshs.texas.gov

HHSC terms and conditions attached.

Purchaser Information:
HHSC Purchasing:
Contact Name: Leslie Alexander
Contact Phone: 512-406-2424
Fax: 512-406-2695
Email: Leslie.Alexander@hhs.texas.gov

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

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

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

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Calendar,Desk Pad, 22X17; 12 Months, Jan-Dec, Complete Year Of Calendars Across The Bottom, Reinforced, Black Leatherette Corners Hold The Sheets In Place. Includes Julian Dates And Days Remaining.	615-19	5.00	EA	8.49000	\$42.45	02/07/2023
Schedule Total						\$42.45	
Item Total for Line 1						\$42.45	
2-1	Appointment Planner, Monthly, 8-7/8 X 11-1/4, Wire Bound, Black, Keep Track Of Events And Activities Over A Full Year, Two Pages Display One Month. Features 14 Months, Dec-Jan. Page Sz is 8X11	615-15	4.00	EA	14.65000	\$58.60	02/07/2023
Schedule Total						\$58.60	
Item Total for Line 2						\$58.60	
Total PO Amount						\$101.05	

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

Leslie Albert J, CPA

01/24/2023