## **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	ΓX-3-0000308944
specification	by informal bid, Invitation for Offer, or s, terms, and conditions set forth in the a	dvertisement and vendor's	<b>Date</b> 01/25/23	Revision	Page 1
guarantees governments All shipmen	responses become a part of this numbered cods or services delivered meet or exceed ts, shipping papers, invoices, and correctase Order Number.	numbered purchase order	Ship To:	1909 - Harlingen:1301 S R DEPARTMENT OF STAT 1301 S Rangerville Rd Harlingen TX 78552 United States	2
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: Email:	512/458-7442 invoices@dshs.texas.gov	
			Purchaser:	Alexander,Leslie L	512/406-2424

Quantity

Class/Item

PO Price

Extended Amt

Due Date

**UOM** 

FY23 Purchase

Line-Sch

Texas Smart Buy PO #: 23084398

Term Contract (DOC 9) Term Contract: 645-S1

Start Date: 02/01/2002 thru 11/30/2026

No Renewal Options

Requisition #: 0000216621

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Freight Terms are FOB Destination Prepaid and Allowed/Add

**Inventory Item ID - Line Description** 

Terms: Net 30

Agency Delivery Contact:

Name: Belinda Garza / 956-364-8759 Email: Belinda.Garza@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

# **Department of State Health Services**

## **Purchase Order**

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	TX-3-0000308944
If advertised by specifications, to	informal bid, Invitation for Offer, or Rerms, and conditions set forth in the ad	lequest for Proposal; all vertisement and vendor's	Date 01/25/23	Revision	Page 2
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.			Ship To:  1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVI 1301 S Rangerville Rd Harlingen TX 78552 United States		
Vendor:	1741976051 1 WORKOUEST		Bill To:	Invoice-DSHS Fiscal Clair	ims TE HEALTH SERVICES

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

				Purcha	ser: Alexander	,Leslie L 5	12/406-2424
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
1-1	#64521350104-2 PAPER, BOND, WHITE, LETTER	645-21	10.00	CTN	60.91000	\$609.10	02/15/2023
					Schedule Total	\$609.10	
					Item Total for Line 1	\$609.10	
2-1	#MMM6605SSCYNEON SELF STICK NOTE PAD, 4"X6", NEON	615-62	1.00	PKG	9.97000	\$9.97	02/15/2023
					Schedule Total	\$9.97	
					Item Total for Line 2	\$9.97	
3-1	#62090381013 HIGHLIGHTERS, RETRACTABLE, ASSTD COLORS, 5/PKG	620-90	2.00	PKG	6.08000	\$12.16	02/15/2023
					Schedule Total	\$12.16	
					Item Total for Line 3	\$12.16	
4-1	Freight	962-86	1.00	LOT	15.00000	\$15.00	01/26/2023
					Schedule Total	\$15.00	
					Item Total for Line 4	\$15.00	
					Total PO Amount	\$646.23	

## **Department of State Health Services**

#### **Purchase Order**

Ship Via

**Dispatch via Print** 

Net 30	Prepaid & Allow	BEST	WAY	Purchase Order	Н	HS1X-3-0000308944
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		<b>Date</b> 01/25/23	Revision	Page 3		
guarantees g requirements All shipmen	responses become a part of this numbered purpods or services delivered meet or exceed nuss.  ats, shipping papers, invoices, and correspurchase Order Number.	umbered purchas	e order	Ship To:	1909 - Harlingen:130 DEPARTMENT OF 1301 S Rangerville R Harlingen TX 78552 United States	STATE HEALTH SERVICES
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 SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
				Fax: Email:	512/458-7442 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

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.

Payment Terms

Freight Terms

Authorized By

Lastin Hant S, CTP

01/26/2023