

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000309624</b>  |
| 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. |   |                             | <b>Date</b><br>02/06/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1  |
|  |   |                             | <b>Ship To:</b><br>1714 - Houston:1330 E 40th St<br>HEALTH & HUMAN SERVICES COMMISSION<br>1330 E 40th St<br>PO Box 16017<br>Houston TX 77022<br>United States |

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

**Bill To:** Invoice-HHSC Financial Service  
HEALTH & HUMAN SERVICES COMMISSION  
5425 Polk St  
PO Box 16017  
Ste 220  
Houston TX 77023  
United States

**Fax:** 713/767-2488  
**Email:** Reg\_06\_Regional\_Budget\_PRF@hhsc.state.tx

**Purchaser:** Mcmurtray,Nicole

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

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 20 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:  
Elisha Walker  
Elisha.Walker@hhs.texas.gov  
+1 (713) 699-6043

Purchaser Information:  
Name: Nikki McMurtray  
Phone #512-776-6190  
Email Address: Nikki.McMurtray@hhs.texas.gov

VENDOR:  
VID: 17419760511  
Contractor: Workquest, Inc.  
Contact Name: WorkQuest Customer Service  
Email: customerservice@workquest.com  
Phone: (512) 451-8145  
Address: 1011 East 53 1/2 Street Austin TX 78751

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

Term Contract: 615-S1  
Term: Start Date: 2/1/2002 End Date: 11/30/2026

Smartbuy PO: 23084945

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 217255

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|  |   |                             | <b>Page</b><br>2  |

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**Purchaser:** Mcmurtray,Nicole

| Line-Sch                     | Inventory Item ID - Line Description  | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date   |
|------------------------------|---|------------|----------|-----|----------|--------------|------------|
| 1-1                          | Binder, 2" Capacity, 3 Round Rings,<br>Inside Front/Back Pockets- WHITE-<br>61573173103-1 | 615-09     | 20.00    | EA  | 4.98000  | \$99.60      | 02/28/2023 |
| <b>Schedule Total</b>        |   |            |          |     |          | \$99.60      |            |
| <b>Item Total for Line 1</b> |   |            |          |     |          | \$99.60      |            |
| 2-1                          | Binder, 2" Capacity, 3 Round Rings,<br>Inside Front/Back Pockets Green-<br>61573173103-4  | 615-09     | 40.00    | EA  | 4.98000  | \$199.20     | 02/28/2023 |
| <b>Schedule Total</b>        |   |            |          |     |          | \$199.20     |            |
| <b>Item Total for Line 2</b> |   |            |          |     |          | \$199.20     |            |
| <b>Total PO Amount</b>       |   |            |          |     |          | \$298.80     |            |

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.

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| <b>Authorized By</b> |
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Mikki Montgomery, CEO, CCM

**02/06/2023**