

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000310950</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> 02/28/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States

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

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Connell,Ron Lee

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

FY23 General Goods

Exempt  
EX/0

Requisition #: HHSTX-3-0000219994  
Smartbuy PO#: 23111813

Requester Name: Darin Adams  
Phone #: 903-533-4258  
Email: Darin.Adams@hhs.texas.gov

SHIP TO ATTN : Darin Adams, 903-533-4258, Darin.Adams@hhs.texas.gov

Purchaser Name: Ron Connell  
Phone #: 512-406-2666  
Email: Ron.CConnell@hhs.texas.gov

Vendor Name: Workquest 1741976051  
Contact: Tricia Sullivan  
Phone #: 512-451-8145  
Email: tsullivan@workquest.com  
Contract: 620-S1, 615-S2, 785-S1, 207-S2, 615-S1

Procurement exempt from CPA rules - In accordance with Texas Government Code, Title 7, Chapter 771, Interagency Cooperation Act.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

\*\*\*\*\*  
Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

\*\*\*\*\*  
\*\* ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY23. \*\*  
\*\*\*\*\*

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.  
(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.  
The invoice should include, but is not limited to including:

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000310950</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> 02/28/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States
			<b>Page</b> 2

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

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Connell,Ron Lee

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

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

\*\*\*\*\*  
Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery hours are from 8:30-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.  
\*\*\*\*\*

1-1	Box, Archive Storage, Removable Lid, Letter/Legal, #61537130850, includes inside delivery charge	615-17	10.00	CTN	74.00000	\$740.00	03/20/2023
<b>Schedule Total</b>						\$740.00	
<b>Item Total for Line 1</b>						\$740.00	
2-1	Cleaner, Dry Erase Marker Board, 8oz Spray, #78557300825	785-32	36.00	EA	3.34000	\$120.24	03/14/2023
<b>Schedule Total</b>						\$120.24	
<b>Item Total for Line 2</b>						\$120.24	
3-1	Compressed Inert Gas, 10oz., Can, Air Duster, #20725292005	207-25	24.00	EA	6.04000	\$144.96	03/14/2023
<b>Schedule Total</b>						\$144.96	

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000310950</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> 02/28/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States
			<b>Page</b> 3

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

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
<b>Item Total for Line 3</b>						\$144.96	
4-1	Expanding File Folder 3.5 Inch, Open Top, Freight Included, #61541221950	615-41	500.00	EA	1.61000	\$805.00	03/21/2023
<b>Schedule Total</b>						\$805.00	
<b>Item Total for Line 4</b>						\$805.00	
5-1	Markers, Dry Erase, Chisel Tip, Assorted Colors, 4 Each/Pkg, #62086509247	620-90	48.00	PKG	6.15000	\$295.20	03/14/2023
<b>Schedule Total</b>						\$295.20	
<b>Item Total for Line 5</b>						\$295.20	
6-1	Avery 5167 Labels, Return Address 1/2"X1 3/4", White, #20772501407	207-50	20.00	BX	22.28000	\$445.60	03/14/2023
<b>Schedule Total</b>						\$445.60	
<b>Item Total for Line 6</b>						\$445.60	
7-1	Self Stick Note Pad, 3"X3", Yellow, #61562384000	615-62	10.00	PKG	9.39000	\$93.90	03/14/2023
<b>Schedule Total</b>						\$93.90	
<b>Item Total for Line 7</b>						\$93.90	
<b>Total PO Amount</b>						\$2,644.90	

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000310950</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> 02/28/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 4
			<b>Ship To:</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States

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

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Connell,Ron Lee

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.

**Authorized By**



02/28/2023