

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-3-0000312481
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 03/20/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd Ste 200 Arlington TX 76013 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: Alvarado, Veronica

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Purchase / Requisition #: 0000223248

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 15 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:
Samuel Savala @ 817-264-4502
Samuel.Savala@dshs.texas.gov

Purchaser:
Veronica Alvarado @ (512) 406-2505
Veronia.Alvarado@hhs.texas.gov

Vendor Name:
Workquest
Customer Service @ 512-451-8145
smartbuy@workquest.com

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

Term Contact: 615-S1
Term: Start Date: 11-16-2021 / End Date: 11-30-2026
Smartbuy PO:

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

1-1	Appointment Planner, Monthly, 8-7/8 X 11-1/4 / Supplier Part Number: 61515074505	615-15	1.00	EA	14.65000	\$14.65	04/10/2023
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Purchaser: Alvarado, Veronica

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$14.65	
					Item Total for Line 1	\$14.65	
2-1	Appointment Planner, Monthly, 8-7/8 X 11-1/4 / Supplier Part Number: 61515074505	615-15	1.00	EA	14.65000	\$14.65	04/10/2023
					Schedule Total	\$14.65	
					Item Total for Line 2	\$14.65	
					Total PO Amount	\$29.30	

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>Veronica Alvarado, CTCR, CTCM</i>	03/20/2023
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