## Health and Human Services Commission

## **Purchase Order**

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Durchase Order	нн	ISTX-3-0000312953		
If advertised by infor	mal bid, Invitation for Offer, or Red	quest for Proposal; all	Purchase Order Date	Revision	Page		
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			03/24/23 Ship To:	1 - 3/24/2023         1           0223 - Austin:701 W 51st St           HEALTH & HUMAN SERVICES COMMISSION           701 W 51st St           Ste 350           Austin TX 78751           United States			
WC 101 AU	1976051 1 DRKQUEST 1 E 53RD 1/2 ST STIN TX 787511703 <b>ited States</b>		Bill To:	Advisory Committee Coordinatio HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St Ste 350 Austin TX 78751 United States			
			Email:	cassandra.marx@hhs.t	exas.gov		
			Purchaser:	Connell,Ron Lee			
Line-Sch Invent	tory Item ID - Line Description	Class/Item Quantity	UOM	PO Price 1	Extended Amt Due Date		
SHIP TO ATTN : N Purchaser Name: R Phone #: 512-406- Email: Ron.Connel Vendor Name: Wo Contact: Tricia Sull Phone #: 512-451- Email: tsullivan@w Contract: 615-S1	122121 Natalie Maglitto 2354 litto@hhs.texas.gov latalie Maglitto, 512-438-2354, N Ron Connell 2666 I@hhs.texas.gov rkquest 1741976051 ivan 8145	5 5		771. Interagency Coo	pperation Act		
			· · ·	TT, interagency cod			
This purchase orde	ices are to be delivered and invo er is contingent upon the continu / time in whole or part without pe	ed availability of lawful appro	ppriations by the Texa	Ū	ocurement Manual, and may		
Invoicing and Pay number, invoice da to the BILL TO AD	ment: The invoice shall contain a te, and the total invoice amount. DRESS ON PO. Payment terms invoice which may delay paymen	all the following in order to be Each invoice shall also have are net thirty days (30) unles	e considered for paym e an attached copy of	ent: PO number referent the bill in order to be	paid. Mail all original invoices		
** ALL INVOICES/	CORRESPONDENCE MUST RE	EFERENCE THE NEW PUR	CHASE ORDER NUN	ABER FOR FY23. **			
	ADDRESS ON PO Please incl				INDLES, ETC.		

Freight Terms are FOB Destination Prepaid and Allowed/Add.

## **Health and Human Services Commission**

## **Purchase Order**

Payment T	erms Freight Terms	Ship V	io			Diopa		
Net 30	Prepaid & Allow	BEST		Purchase Orde	er	HHSTX-3-0	000312953	
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> 03/24/23	<b>Revision</b> 1 - 3/24/2023	3	<b>Page</b> 2		
<ul> <li>conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.</li> <li>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</li> </ul>				Ship To:	HEALTH & F 701 W 51st St Ste 350	0223 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St Ste 350 Austin TX 78751 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 <b>United States</b>			Bill To:			DMMISSION	
				Email:	cassandra.mar	x@hhs.texas.gov		
				Purchaser:	Connell,Ron			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
Delivery ho	Durs are from 8:30-11:30 AM and 1:00-4: IndexTabs, 8 12/"x11", White, Numerical 1-25	30 PM Monday 615-49	thru Friday of the state of the	except designated S	tate Holidays wh	nen the Warehouse is \$30.00	04/07/2023	
				Sci	hedule Total	\$30.00		
				Item Tota	al for Line 1	\$30.00		
				Total	PO Amount	\$30.00		

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	
Reef.	<u>03/24/2023</u>

**Dispatch via Print**