## **Health and Human Services Commission**

# **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000312966	
specifications, terms	rmal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	<b>Date</b> 03/24/23	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	ip To: 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 5200 Tyler TX 75702 United States			
	110550511					

**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: Maldonado, Daniel Ray

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: 14 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: Darin Adams 903-553-4258

Darin.Adams@hhs.texas.gov

Ship to Attn: Darin Adams

HHSC BUYER:

Daniel Maldonado, CTCD

512-406-2649

Daniel.Maldonado01@hhs.texas.gov

VENDOR: Workquest

orders@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: Today until 8/31/23 Smartbuy PO: 23122053

#### 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

Please follow the Texas Comptroller's Invoicing standards as seen below.

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:

(1) the contractor's mailing and e-mail (if applicable) address;

## **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			=>/	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000312966	
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> 03/24/23	Revision Page 2		
			Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
Vendor: 174	41976051 1		Bill To:	Invoice-HHSC; Region 04	Headqu	

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

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: Maldonado, Daniel Ray

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

- (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.

Requisition # 0000221046

615-62 36.00 EA .38166 \$13.74 04/07/2023 1-1

Note Pad, Self Stick, 1.5" x 2", Yellow Supplier Part Number: 61562381501

Quantity: 12 Pads/Pack

Total: 36 EA

Schedule Total \$13.74 Item Total for Line 1 \$13.74 \$13.74 Total PO Amount

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

Daniel Maldonads, CTCD

03/24/2023