Department of State Health Services

Purchase Order

Dispatch via Print

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Payment Term Net 30	repaid & Allow	Ship Via BEST WAY	Purchase Order	H	HSTX-3-0000312993	
specifications, t	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			Revision	Page 1	
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.			Ship To:	hip To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMI 1111 W North Loop Austin TX 78756 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-DSHS Fiscal DEPARTMENT OF 1100 W 49th St (RBE PO Box 149347 Austin TX 78756 United States	STATE HEALTH SERVICES	
			Fax:	512/458-7442		

Purchaser: Alvarado, Veronica

Email:

invoices@dshs.texas.gov

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

FY23 Purchase / Requisition #: 0000221985

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:

Michelle Ellison @ 512-776-6001 michelle.ellison@dshs.texas.gov

Purchaser:

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

Vendor Name: Workquest

Customer Service @ 512-451-8145 customerservice@workquest.com

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

Term Contact: 620-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

1-1 620-80 2.00 DOZ 2.00000 \$4.00 04/14/2023

Pen, Ballpoint, Stick with Cap, Recycled; Black; Supplier Part Number:

62080031008

Schedule Total \$4.00

Department of State Health Services

Purchase Order

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Revision

Date

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BEST WAY

Payment Terms

Net 30

Freight Terms

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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To: Fax: Email:		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States 512/458-7442 invoices@dshs.texas.gov			
				Purch	aser:	Alvarado, Vero			
ine-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
					Item Total	for Line 1	\$4.00		
2-1	Pen, Ballpoint, Stick with Cap, Recycled; Blue; Supplier Part Number: 62080031008	620-80	2.00	DOZ		2.00000	\$4.00	04/14/2023	
					Sche	dule Total	\$4.00		
					Item Total	for Line 2	\$4.00		
3-1	Freight	962-86	1.00	LOT		5.00000	\$5.00	04/14/2023	
					Sche	dule Total	\$5.00		
					Item Total	for Line 3	\$5.00		
					Total P	O Amount	\$13.00		

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
Veronica Alvarado, CTCD, CTCM
03/27/2023