Health and Human Services Commission

Purchase Order

Dispatch via Print

			Diopato	
Payment TermsFreight TermsShip ViaNet 30Prepaid & AllowBEST WA		- F	HSTX-3-000	0313226
If advertised by informal bid, Invitation for Offer, or Request for Proposal; a specifications, terms, and conditions set forth in the advertisement and vendor	all Date lor's 03/28/23	Revision		Pag
conforming responses become a part of this numbered purchase order. Contri- guarantees goods or services delivered meet or exceed numbered purchase or equirements.	order Snip 10:	1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda		
All shipments, shipping papers, invoices, and correspondence must be in with our Purchase Order Number.	dentified	El Paso TX 79915 United States		
Vendor: 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States	Bill To:	Invoice-HHSC Reg HEALTH & HUM. 401 Franklin Ave Ste 450 El Paso TX 79901 United States	ion 10, DADS: AN SERVICES COM	MISSION
	Fax:	915/834-7587		
	Purchaser:	Connell,Ron Lee		
Line-Sch Inventory Item ID - Line Description Class/Item	Quantity UOM	PO Price	Extended Amt I	Due Date
EX/0 Requisition #: HHSTX-3-0000215203 Smartbuy PO#: 23122438 Requester Name: Jesus Romero				
Phone #: (915) 858-7787 Email: Jesus.Romero@hhs.texas.gov				
SHIP TO ATTN : Joyce Smith, (915) 858-7782, Joyce.Smith@hhs.te;	xas.gov			
Purchaser Name: Ron Connell Phone #: 512-406-2666 Email: Ron.Connell@hhs.texas.gov				
Vendor Name: Workquest 1741976051 Contact: Tricia Sullivan Phone #: 512-451-8145 Email: tsullivan@workquest.com Contract: 832-S1				
Procurement exempt from CPA rules - In accordance with Texas Gov	vernment Code, Title 7, Chapte	r 771, Interagency C	Cooperation Act.	
Goods and/or services are to be delivered and invoiced after Septem	ber 1, 2022.			
This purchase order is contingent upon the continued availability of la be cancelled at any time in whole or part without penalty.			Procurement Manua	I, and may
The invoice should include, but is not limited to including:				

The invoice should include, but is not limited to including:

- (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, and 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;

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D (T				21004101		
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	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:	Invoice-HHSC Region 10, DADS: HEALTH & HUMAN SERVICES COMM 401 Franklin Ave Ste 450 El Paso TX 79901 United States	IISSION	
			Fax:	915/834-7587		

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

(11) other relevant information supporting and explaining the payment requested.

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. **

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	#83220112, Tape, Transparent, Refill, 3/4" x 1000", Core 1" Multi-Purpose, 6/Pack	832-55	100.00	PKG	6.56000	\$656.00	04/11/2023
					Schedule Total	\$656.00	
					Item Total for Line 1	\$656.00	
					Total PO Amount	\$656.00	

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.

Health and Human Services Commission

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					Dispatch via Pri
Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ļ	HHSTX-3-000031322
specifications, te	informal bid, Invitation for Offer, or Requerms, and conditions set forth in the advert	tisement and vendor's	Date 03/28/23	Revision	Ρα
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:	 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States Invoice-HHSC Region 10, DADS: HEALTH & HUMAN SERVICES COMMISSION 401 Franklin Ave Ste 450 El Paso TX 79901 United States 	
Yendor: 1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States		Bill To:			
			Fax:	915/834-7587	
			Purchaser:	Connell,Ron Lee	
Line-Sch Ir	nventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

Authorized By	
Rceef.	<u>03/28/2023</u>
	03/20/2023