Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter	rms Freight Terms	Ship Via		1111 0T V 0 0000010000	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000313262	
	by informal bid, Invitation for Offer, or F		Date	Revision Page	
	s, terms, and conditions set forth in the ad		03/28/23	1	
guarantees go requirements. All shipment	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.			6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 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 Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

Purchaser:

UOM

Connell, Ron Lee

Extended Amt

Due Date

PO Price

FY23 General Goods

Exempt EX/0

Line-Sch

Requisition #: HHSTX-3-0000223565

Inventory Item ID - Line Description

Smartbuy PO#: 23122509

Requester Name: Laura McCarty

Phone #: 512/834-6660

Email: Laura.McCarty@dshs.texas.gov

SHIP TO ATTN: Laura McCarty, 512/834-6660, Laura.McCarty@dshs.texas.gov, Deliver to Moreton Building, outside M442 by wall

Class/Item

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: 645-S1

Procurement exempt from CPA rules - In accordance with Texas Government Code, Title 7, Chapter 771, Interagency Cooperation Act.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

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.

Department of State Health Services

Purchase Order

Freight Terms

Payment Terms

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Net 30	Prepaid & Allow	BEST Y	WAY	Purchase Order		HHSTX-3-0	UUU313262
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				Fax: Email:	512/458-7442 invoices@dshs.te	exas.gov	
				Purchaser:	Connell,Ron Le		
	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	
Delivery hours a	per, Bond, White, Prem No.4, 20lb, ter, Qty Price Breaks, Zones 1, 2, 3 applier #64521350104-1)	30 PM Monday	thru Friday	UOM except designated Sta	PO Price te Holidays when	Extended Amt	
Delivery hours a	per, Bond, White, Prem No.4, 20lb, ter, Qty Price Breaks, Zones 1, 2, 3	30 PM Monday	thru Friday e	UOM except designated Sta	PO Price te Holidays wher	Extended Amt In the Warehouse is \$913.65	closed.
Delivery hours a	per, Bond, White, Prem No.4, 20lb, ter, Qty Price Breaks, Zones 1, 2, 3	30 PM Monday	thru Friday e	UOM except designated Sta	PO Price te Holidays when	Extended Amt In the Warehouse is \$913.65	closed.

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.	03/28/2023