

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |   |
|--|---|-----------------------------|---|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000315106</b>  |
| 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><br>04/20/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |
|  |   |                             | <b>Page</b><br>1  |

**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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Alvarado, Veronica

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

FY23 Purchase / Requisition #: 0000226042

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 20 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:  
Terri Lemuel @ N/A  
terri.lemuel@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: 645-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 | Paper, Bond, Recycled, White, Prem No.<br>4, 20 lb, Letter, Qty Price Breaks;<br>Supplier Part Number: 64521411718 | 645-21 | 30.00 | CTN | 78.39000 | \$2,351.70 | 05/10/2023 |
|-----|--|--------|-------|-----|----------|------------|------------|

**Schedule Total**                     \$2,351.70

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|  |   |                             | <b>Page</b><br>2  |

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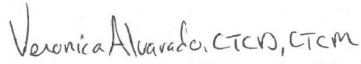
**Purchaser:** Alvarado, Veronica

| Line-Sch                     | Inventory Item ID - Line Description                           | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date   |
|------------------------------|--|------------|----------|-----|----------|--------------|------------|
| <b>Item Total for Line 1</b> |  |            |          |     |          |              | \$2,351.70 |
| 2-1                          | Mouse Pad - Assorted Colors; Supplier Part Number: 20468595457 | 204-68     | 3.00     | DZ  | 27.21000 | \$81.63      | 05/10/2023 |
| <b>Schedule Total</b>        |  |            |          |     |          |              | \$81.63    |
| <b>Item Total for Line 2</b> |  |            |          |     |          |              | \$81.63    |
| <b>Total PO Amount</b>       |  |            |          |     |          |              | \$2,433.33 |

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.

|  |                   |
|--|-------------------|
| <b>Authorized By</b><br> | <b>04/20/2023</b> |
|--|-------------------|