

# Health and Human Services Commission

## 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-3-0000316027</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>05/01/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1  |
|  |   |                             | <b>Ship To:</b><br>1051 - Eagle Pass: 1593 S Veterans<br>HEALTH & HUMAN SERVICES COMMISSION<br>1593 S Veterans Blvd<br>Eagle Pass TX 78852<br>United States |

**Vendor:** 1741976051 1  
WORKQUEST  
1011 E 53RD 1/2 ST  
AUSTIN TX 787511703  
United States

**Bill To:** Invoice-HHSC Region 8, Inspect  
HEALTH & HUMAN SERVICES COMMISSION  
11307 Roszell  
PO Box 23990  
San Antonio TX 78217  
United States

**Fax:** 210/619-8272  
**Email:** Reg08\_Admin\_Services@hhsc.state.tx.us

**Purchaser:** Burgess,Becky 512/406-2619

| 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: 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:  
Jennette Arocha (210) 619-8225 jennette.arocha@hhs.texas.gov

Ship to Attn:  
Viviana Felan (830) 758-4260 viviana.felan@hhs.texas.gov  
Contact Viviana 24 hrs before delivery. No dock, no forklift. Liftgate, pallet jack and dolly required. Rm 103.

HHSC BUYER:  
Becky Burgess (512) 406-2619 becky.burgess@hhs.texas.gov

VENDOR:  
customerservice@workquest.com (512) 451-8145

QUOTE: online pricing per term contract

PURCHASING METHOD: EX/0 Purchase made under the Authority of Texas Government Code 2155.138 (WorkQuest/TIBH Set-Aside)

Term Contact: 645-S1

Term: 2-1-02 to 11-30-26

Smartbuy PO: 23146884

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

Requisition: 231668

|     |        |       |     |          |            |            |
|-----|--------|-------|-----|----------|------------|------------|
| 1-1 | 645-21 | 40.00 | CTN | 65.61000 | \$2,624.40 | 05/04/2023 |
|-----|--------|-------|-----|----------|------------|------------|

# Health and Human Services Commission

## 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-3-0000316027</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>05/01/23   |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1051 - Eagle Pass: 1593 S Veterans<br>HEALTH & HUMAN SERVICES COMMISSION<br>1593 S Veterans Blvd<br>Eagle Pass TX 78852<br>United States |
|  |   |                             | <b>Page</b><br>2  |

**Vendor:** 1741976051 1  
WORKQUEST  
1011 E 53RD 1/2 ST  
AUSTIN TX 787511703  
United States

**Bill To:** Invoice-HHSC Region 8, Inspect  
HEALTH & HUMAN SERVICES COMMISSION  
11307 Roszell  
PO Box 23990  
San Antonio TX 78217  
United States

**Fax:** 210/619-8272  
**Email:** Reg08\_Admin\_Services@hhsc.state.tx.us

**Purchaser:** Burgess,Becky 512/406-2619

| Line-Sch               | Inventory Item ID - Line Description  | Class/Item | Quantity | UOM | PO Price                     | Extended Amt | Due Date   |
|------------------------|---|------------|----------|-----|------------------------------|--------------|------------|
|                        | 8.5" X 11" COPY PAPER, BOND,<br>RECYCLED, WHITE, PREM NO. 4, 20<br>LB., COMMODITY CODE<br>64521411708 |            |          |     |                              |              |            |
|                        |   |            |          |     | <b>Schedule Total</b>        | \$2,624.40   |            |
|                        |   |            |          |     | <b>Item Total for Line 1</b> | \$2,624.40   |            |
| 2-1                    | WHITE GLOVE PREMIUM INSIDE<br>DELIVERY FEE  | 962-86     | 1.00     | LOT | 171.60000                    | \$171.60     | 05/04/2023 |
|                        |   |            |          |     | <b>Schedule Total</b>        | \$171.60     |            |
|                        |   |            |          |     | <b>Item Total for Line 2</b> | \$171.60     |            |
| 3-1                    | LIFTGATE FEE  | 962-86     | 1.00     | LOT | 45.00000                     | \$45.00      | 05/04/2023 |
|                        |   |            |          |     | <b>Schedule Total</b>        | \$45.00      |            |
|                        |   |            |          |     | <b>Item Total for Line 3</b> | \$45.00      |            |
| <b>Total PO Amount</b> |   |            |          |     |                              | \$2,841.00   |            |

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

Becky Engen, CTCO

05/02/2023