Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Durchase Order		HHSTX-3-0000317927	
Net 30 Prepaid & Allow BEST WAY 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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Purchase Order Date 05/22/23	Revision Page		
			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States		
3 7. 1 . 174	107/051 1		Dell Co.	I:- HIIGG A		

Vendor: 1741976051 1

WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

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

NOTE: **REQUEST TO BE DELIVERED IN 3 PARCELS*

Note: Commercial vehicle deliveries must back into the loading dock when making deliveries to the Texas DDS thereby making it unsuitable for semi-trailers longer than 53 feet with a truck attachment that contains a sleeper cab. To avoid damage to property and surrounding trees, please use a delivery vehicle that is suitable for this location.

FY23 Purchase

Texas Smart Buy PO #: 23155844

PCC: EX/0

Term Contract (DOC 9) Term Contract: 645-S1

Start Date: 02/01/2002 thru 11/30/2026

No Renewal Options

Requisition #: 0000235963

INVOICING - See above for Bill to Information

Please send all invoices to Disability Determination Services PO Box 149198 Austin, TX 78714-9198 for authorization.

See above for SHIP TO ADDRESS ON PO

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

Agency Delivery Contact:
Delivery Address:
Disability Determination Services
6101 E. Oltorf Street
Austin, TX 78741
ATTN: FM Frances Montez-Davis
(512)437-8294

Final Destination: Wesley Guerrero

Phone: (512)437-8351

Email address: DDS.TX.S49.AP@ssa.gov

Contract Specialist: Dana Sherrill

Phone: (512) 206-5647

Email: Dana.Sherrill@hhs.texas.gov

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1011 E 53RD 1/2 ST AUSTIN TX 787511703 **United States**

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

HHSC_AP@hhsc.state.tx.us **Email:**

512/406-2424 Alexander, Leslie L Purchaser:

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

HHSC terms and conditions attached

HHSC Purchasing: Leslie Alexander 512-406-2424 Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION: Contractor: Workquest, Inc.

Contact Name: WorkQuest Customer Service Email: customerservice@workquest.com

Phone: (512) 451-8145

LEGAL SITE:

Prison Made Good Act 2155.065 and is noncompetitive. INTERAGENCY COOPERATION ACT TGC Chapter 771

1-1 645-21 480.00 CTN 62.65000 \$30,072.00 06/12/2023

64521411718 - Paper, Bond, Recycled, White, Prem No.4, 20 Lb, Letter

(Product 8607680)

Schedule Total \$30,072.00

\$30,072.00 Item Total for Line 1

\$30,072.00 Total PO Amount

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

Purchase Order

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Payment Ter	ms Freight Terms	Ship Via			0.000047007	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	-3-0000317927	
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	esponses become a part of this numbered ods or services delivered meet or exceed		Ship To:	6943 - Austin:6101 E Oltorf	943 - Austin:6101 E Oltorf	
requirements.		numbered purchase order		HEALTH & HUMAN SERVICES COMMISSION		
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			_	Cinica States		
Vendor:	1741976051 1		Bill To:	Invoice-HHSC Accounting		
	WORKQUEST			HEALTH & HUMAN SERVIC	ES COMMISSION	
	1011 E 53RD 1/2 ST			4601 W Guadalupe St		
	AUSTIN TX 787511703 United States			Austin TX 78751 United States		
	Office States			United States		
			Fax:	512/424-6901		
			Email:	HHSC_AP@hhsc.state.tx.us		
			Purchaser:	Alexander.Leslie L	512/406-2424	

Quantity UOM

Class/Item

Line-Sch Inventory Item ID - Line Description

Authorized By

PO Price

Lastin Hant S, CTP

05/22/2023

Extended Amt Due Date