

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000319882</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> 06/19/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1288 - Arlington:2220 Forum Dr HEALTH & HUMAN SERVICES COMMISSION 2220 Forum Dr Arlington TX 76010 United States
			<b>Page</b> 1

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

**Bill To:** Invoice-HHSC Financial Service  
HEALTH & HUMAN SERVICES COMMISSION  
801 S State Highway 161  
PO Box 532089  
Grand Prairie TX 75051  
United States

**Fax:** 972/337-6257  
**Email:** Reg03\_AP@hhsc.state.tx.us

**Purchaser:** Connell,Ron Lee

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

FY23 General Goods

Exempt  
EX/0

Requisition #: HHSTX-3-0000237550  
Smartbuy PO#: 23165893

Requester Name: Jazlyn Davis  
Phone #: 972-337-6210  
Email: Jazlyn.Davis19@hhs.texas.gov

SHIP TO ATTN : Jazlyn Davis, 972-337-6210, Jazlyn.Davis19@hhs.texas.gov

Purchaser Name: Ron Connell  
Phone #: 512-406-2666  
Email: Ron.CConnell@hhs.texas.gov

Vendor Name: Workquest 1741976051  
Contact: Tricia Sullivan  
Phone #: 512-451-8145  
Email: tsullivan@workquest.com  
Contract: 620-S1

\*\*\*Confirmation Order-Do Not Duplicate\*\*\*

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.

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000319882</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> 06/19/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 2
			<b>Ship To:</b> 1288 - Arlington:2220 Forum Dr HEALTH & HUMAN SERVICES COMMISSION 2220 Forum Dr Arlington TX 76010 United States

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

**Bill To:** Invoice-HHSC Financial Service  
HEALTH & HUMAN SERVICES COMMISSION  
801 S State Highway 161  
PO Box 532089  
Grand Prairie TX 75051  
United States

**Fax:** 972/337-6257  
**Email:** Reg03\_AP@hhsc.state.tx.us

**Purchaser:** Connell, Ron Lee

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

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	BLACK PEN, ERASEABLE, RETRACTABLE, GEL INK,.7MM, REFILLABLE COMM CODE/SUPPLIER PART NUMBER 62080190007	620-80	500.00	DOZ	9.29000	\$4,645.00	07/03/2023
-----	--	--------	--------	-----	---------	------------	------------

<b>Schedule Total</b>	\$4,645.00
<b>Item Total for Line 1</b>	\$4,645.00

2-1	BLUE PEN, ERASEABLE, RETRACTABLE, GEL INK,.7MM, REFILLABLE COMM CODE/SUPPLIER PART NUMBER 62080190007	620-80	500.00	DOZ	9.29000	\$4,645.00	07/03/2023
-----	---	--------	--------	-----	---------	------------	------------

<b>Schedule Total</b>	\$4,645.00
<b>Item Total for Line 2</b>	\$4,645.00

<b>Total PO Amount</b>	\$9,290.00
------------------------	------------

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

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000319882</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> 06/19/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 3
			<b>Ship To:</b> 1288 - Arlington:2220 Forum Dr HEALTH & HUMAN SERVICES COMMISSION 2220 Forum Dr Arlington TX 76010 United States

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


**Bill To:** Invoice-HHSC Financial Service  
HEALTH & HUMAN SERVICES COMMISSION  
801 S State Highway 161  
PO Box 532089  
Grand Prairie TX 75051  
United States

**Fax:** 972/337-6257  
**Email:** Reg03\_AP@hhsc.state.tx.us

**Purchaser:** Connell, Ron Lee

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

**Authorized By**



06/19/2023