

# Department of State Health Services

## 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-4-0000328508</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> 09/15/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 9/26/2023
			<b>Page</b> 1
			<b>Ship To:</b> 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Mills,George M

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: 14 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:

Ship to Attn: Smith, April  
Building and Room number  
HEALTH HUMAN SERVICES COMMISSION  
1111 W North Loop  
Austin TX 78756  
United States

HHSC BUYER:  
George Mills, CTCD  
512-406-2651  
George.Mills@hhs.texas.gov

VENDOR:  
Contractor: WorkQuest, Inc.

Email: smartbuy@workquest.com

Phone: (512) 451-8145

Address: 1011 East 53 1/2 Street Austin TX 78751

QUOTE

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

Term Contact: 615-S1  
Term: Start Date: 11/16/2021  
End Date: 11/30/2026  
Smartbuy PO: 24001190

REQUIREMENTS/LIMITATIONS:

# Department of State Health Services

## 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-4-0000328508</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> 09/15/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 9/26/2023
			<b>Page</b> 2
			<b>Ship To:</b> 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Mills,George M

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

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000242218

Please follow the Texas Comptrollers Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractors mailing and e-mail (if applicable) address;
- (2) the contractors telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

(Include for 1 Lot POs)

Note: Agency will not order products on this PO that are available from Workquest or Texas Correctional Industries. Agency will not order capital or controlled assets on this PO

1-1	Calendar, Desk Pad, 22 x 17	615-19	1.00	EA	8.49000	\$8.49	09/27/2023
<b>Schedule Total</b>						\$8.49	
<b>Item Total for Line 1</b>						\$8.49	
2-1	Estimated Freight Charge	615-19	1.0000	LOT	\$8.18	\$8.18	09/26/2023
<b>Schedule Total</b>						\$8.18	
<b>Item Total for Line 2</b>						\$8.18	

# Department of State Health Services

## 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-4-0000328508</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> 09/15/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 9/26/2023
			<b>Page</b> 3
			<b>Ship To:</b> 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:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
<b>Total PO Amount</b>						\$16.67	

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> 	<b>09/26/2023</b>
--	-------------------