Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
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 **HHSTX-4-0000335250**

Date	Revision	Page
12/18/23		1

Ship To: 1909 - Harlingen:1301 S Rangervill
DEPARTMENT OF STATE HEALTH SERVICES
1301 S Rangerville Rd
Harlingen TX 78552
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

Exempt Reason: WORKQUEST GOODS OR SERVICES

Purchaser: Holton,Sharonda 512/406-2464

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

CONTACT FOR QUESTIONS:
BELINDA GARZA
956-364-8759
BELINDA.GARZA@DSHS.TEXAS.GOV

VENDOR:
VID: 1741976051 1
Contractor: WORKQUEST INC
Contact Name: smartbuy@workquest.com
Phone: 512-451-8145

EX 0

CONTRACT: 615-S1

TX SMARTBUY PO: 24054259

HHS REQUISITION: 0000250563

HHS BUYER:
SHARONDA HOLTON, CTCD
512-406-2464
SHARONDA.HOLTON@HHS.TEXAS.GOV

****

1-1	#61515074505 APPOINTMENT PLANNER, MONTHLY, 8-7/8 X 11-1/4	615-19	14.00	EA	15.76000	$220.64	12/27/2023

Schedule Total $220.64

ANY STATE FUND

Vendor:
WorkQuest, Inc
Contract #615-S1

Item Total for Line 1 $220.64

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Purchaser: Holton,Sharonda 512/406-2464

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	#61519703502 CALENDAR, MONTHLY, WALL/DESK VINYL HOLDER, 11 X 8.5	615-19	14.00	EA	14.04000	$196.56	12/27/2023
					Schedule Total	$196.56	
					Item Total for Line 2	$196.56	
3-1	#61519130779 CALENDAR, DESK PAD, 22X17	615-19	12.00	EA	8.49000	$101.88	12/27/2023
					Schedule Total	$101.88	
					Item Total for Line 3	$101.88	
					Total PO Amount	$519.08	

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

Sharonda Holton, CTCD

12/19/2023