

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000337279
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.			Date 01/25/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 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: Burns,Debra A

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

FY24 CLASS ITEM 615-15
SCOR DSHS Division RLHO
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:
***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO ***
SHIP TO ATTN Tijerina,Marisol 806-783-1100 marisol.tijerina@dshs.texas.gov
3407 Pony Express Way Amarillo, TX 79118
Bldg/Floor/Cubicle: Deliver to South Entrance (Overhead Door)

Invoice/Payment Contact (DSHS Internal Only)
Jennifer Davis 806-783-6471 HSR01.Budget@dshs.texas.gov

Accounts Payable contact information
DSHS Invoices: Invoices@dshs.texas.gov;
DSHS Payment Status: Payments@dshs.texas.gov
DSHS AP Manager: Felica Poston 512-776-2288

HHSC BUYER:
Debra Burns, CTPM
Direct: 512) 406-2564 CELL 832-818-3936
Debra.Burns@hhs.texas.gov

VENDOR:
VID: 17419760511
Contractor: WorkQuest
Contact Name: WorkQuest Customer Service
Email: smartbuy@workquest.com
Phone: (512) 451-8145

QUOTE # PRICED PER TEXAS SMART BUY
DO NOT DULIPCATE

PURCHASING METHOD: EX/0
Purchase made under the Authority of Texas Government Code 2155.441 (WorkQuest/TIBH Set-Aside)

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000337279
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.			Date 01/25/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 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: Burns,Debra A

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

Term Contact: 615-S1
Term: 11/16/2021 End Date 11/30/2026
Smartbuy PO: 24065073

REQUIREMENTS/LIMITATIONS:
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 0000251238

1-1	Planner Monthly 2024 8-7/8 X 11.25 Wire Bound Appointment Black SPN 61515074505 Freight included	615-15	3.00	EA	15.76000	\$47.28	02/10/2024
-----	--	--------	------	----	----------	---------	------------

Schedule Total	\$47.28
Item Total for Line 1	\$47.28
Total PO Amount	\$47.28

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

Dea Funds, CTCD

01/25/2024