

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-4-0000341032
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 03/15/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 1

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: Olvera, Marissa Ann

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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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:
Michele Torres
email: Michele.Torres@dshs.texas.gov
phone # (512)776-3538

Info for Warehouse staff:
Delivery Contact: Lyndsey Christena
Phone: 512-776-7404
Email: Lyndsey.christena@dshs.texas.gov
Bldg/Floor/Cubicle: Moreton 7th Suite 733, Cube 732

HHSC Purchaser
Marissa Olvera, CTCD
512-776-3099
marissa.olvera1@hhs.texas.gov

VENDOR:
Contractor: Workquest, Inc.
Email: customerservice@workquest.com
Phone: (512) 451-8145

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:24112290

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

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Requisition 0000257104							
1-1	Calendar Desk Pad, 22x17; SPN: 61519130779; MPN: HOD124	615-19	10.00	EA	8.49000	\$84.90	03/29/2024
Schedule Total						\$84.90	
Item Total for Line 1						\$84.90	
2-1	Monthly Appointment Planner, 8-7/8 x 11-1/4; SPN: 61515074505	615-19	5.00	EA	15.76000	\$78.80	03/29/2024
Schedule Total						\$78.80	
Item Total for Line 2						\$78.80	
Total PO Amount						\$163.70	

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 <i>Marissa Oenera</i> CTCD	03/18/2024
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