## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

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 requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  Purchase Order    Purchase Order   HHSTX-4-0000342661	Payment Ter	rms Freight Terms	Ship Via			4 000004	
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.  Ship To:  6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States  Wendor:  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	Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX	-4-0000342661	
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.  Ship To:  Ship To:  6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 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					Revision	Page	
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.  Nendor: 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						1	
Requirements				Ship To:	1		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  Vendor: 1741976051 1	_				1111 W North Loop Austin TX 78756		
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	•						
WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States  DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States  Fax: 512/458-7442	with our Pui	cnase Order Number.			United States		
1011 E 53RD 1/2 ST AUSTIN TX 787511703 PO Box 149347 United States  Fax: 512/458-7442	Vendor:	1741976051 1		Bill To:	Invoice-DSHS Fiscal Claims		
AUSTIN TX 787511703  United States  PO Box 149347  Austin TX 78756  United States  Fax: 512/458-7442		•			DEPARTMENT OF STATE H	IEALTH SERVICES	
United States  Austin TX 78756 United States  Fax: 512/458-7442					` /		
United States  Fax: 512/458-7442							
Fax: 512/458-7442		United States					
<del></del>							
<del></del>				F	512/459 7442		
				Fax: Email:	invoices@dshs.texas.gov		

Exempt Reason: WORKQUEST GOODS OR SERVICES

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

Confirmation Order- Do Not Duplicate

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: Rebecca J Waldron Rebecca.waldron@dshs.texas.gov (512) 231-5609

HHSC BUYER: Jeffrey Reyes, CTCD, CTCM jeffrey.reyes@hhs.texas.gov

VENDOR:

Contractor: WorkQuest, Inc. Email: smartbuy@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 SBPO: 24149205

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 262338

1-1 615-62 48.00 EA 2.01000 \$96.48 04/18/2024

## **Department of State Health Services**

## **Purchase Order**

**Dispatch via Print** 

Payment T	erms Freight Terms	Ship Via			Бюра	ten via Frint	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		<b>HHSTX-4-00</b>	000342661	
If advertised specification	by informal bid, Invitation for Offer, or Reconst, terms, and conditions set forth in the adve	Date 04/04/24	Revision		Page 2		
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.			Ship To:	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				
Exempt Reason: WORKQUEST GOODS OR SERVICES			Purchaser:	Reves.Jeffrey A	lexander		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>	
			Sche	Schedule Total		\$96.48	
			Item Total	for Line 1	\$96.48		
			Total P	O Amount	\$96.48		

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.

If a Pay CTCD, CTCM

04/04/2024