

# Health and Human Services Commission

## 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-3-0000302474</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> 10/12/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 1081 - Edinburg;2520 S Veterans Bl HEALTH & HUMAN SERVICES COMMISSION 2520 S Veterans Blvd PO Box 960 Edinburg TX 78539 United States

**Vendor:** 1391837105 8  
4IMPRINT INC  
25303 NETWORK PL  
CHICAGO IL 606731253  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods

Spot Purchase Open Market  
SP/E

Requisition #: HHSTX-3-0000209136

Requester Name: Judy Sanchez  
Phone #: (956) 316-8263  
Email: Judy.Sanchez@hhs.texas.gov

Purchaser Name: Ron Connell  
Phone #: 512-406-2666  
Email: ron.connell@hhs.texas.gov

Vendor Name: 4Imprint Inc - 1391837105  
Contact: Laura Wollerman  
Phone #: 888-722-5203  
Email: lwollerman@4imprint.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

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Quotation: 23747426  
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Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1	120053 Rotating Pill Organizer	715-30	500.00	EA	.74000	\$370.00	10/19/2022
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**Schedule Total** \_\_\_\_\_ \$370.00

**Item Total for Line 1** \_\_\_\_\_ \$370.00

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	SET UP CHARGE	715-30	1.00	EA	40.00000	\$40.00	10/19/2022
<b>Schedule Total</b>						\$40.00	
<b>Item Total for Line 2</b>						\$40.00	
3-1	FREIGHT	962-86	1.00	EA	19.59000	\$19.59	10/19/2022
<b>Schedule Total</b>						\$19.59	
<b>Item Total for Line 3</b>						\$19.59	
<b>Total PO Amount</b>						\$429.59	

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**

*R. Lee*

**10/12/2022**