Purchase Order

Dispatch via Print

Payment To Net 30	Prepaid & Allow	Ship Vi BEST V	WAY	Purchase Order	HHSTX-3-0000302950
specification conforming guarantees g requirement All shipmen	d by informal bid, Invitation for Offer, or Re ns, terms, and conditions set forth in the adv responses become a part of this numbered p goods or services delivered meet or exceed r ts. nts, shipping papers, invoices, and corresp urchase Order Number.	ertisement and ver ourchase order. Con oumbered purchase	ndor's ntractor e order	Date 10/17/22 Ship To:	RevisionPage 15009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Terrell SH Whse HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States
				Email:	DSHS.TSHBusinessOffice@dshs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Breest,Maria Ana PO Price Extended Amt Due Date

OM/F - Informal IFBs \$10,000.01 to \$25,000.00

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: 21 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: Warehouse: Please deliver to Community Relations - James Turner Lead Contact (Program SME) Name: James Turner Lead Contact Email: james.turner3@hhs.texas.gov Lead Contact Phone: 940-689-5418

Contract Manager Name: Drew Hardy, CTCM Contract Manager Email: drew.hardy2@hhs.texas.gov Contract Manager Phone: 940-552-4055

HHSC BUYER:

Ana Breest, CTCD, CTCM 512-406-2679 ana.breest@hhs.texas.gov

VENDOR:

4Imprint Email kengh@4imprint.com Phone 920-236-7272 ext. 8174 Fax 866-963-9309 My Hours 8AM-5Pm CST- Monday-Friday Web www.4imprint.com

Informal IFB # 0000302940

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Vi BEST V		Burchasa Orde		HHSTX-3-00	00030295
If advertised by inf	formal bid, Invitation for Offer, or Rec ns, and conditions set forth in the adve	quest for Proposal	l; all	Purchase Orde Date 10/17/22	er Revision	111017-3-00	00030293 Pa
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:	HEALTH & HU 4730 College Dr PO Box 2231			
	e Order Muniber.				Vernon TX 7638 United States	35	
41 25 C	391837105 8 IMPRINT INC 5303 NETWORK PL PHICAGO IL 606731253 J nited States			Bill To:	Terrell SH Whse HEALTH & HU 1200 E Brin PO Box 70 Terrell TX 7516 United States	JMAN SERVICES CC)MMISSION
				Email:	DSHS.TSHBusi	nessOffice@dshs.texa	s.gov
				Purchaser:	Breest,Maria A	na	
Line-Sch Inve	entory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition #0000	AC §20.487, amended effective Ma 0206814 reshMayon Vacuum Bottel - 18 oz. 1 # 156533	037-52	200.00	EA	7.49000	\$1,498.00	10/31/2022
					hedule Total		
	dville 15" Laptop Messenger Bag; 1 # 138156	037-52	100.00	EA	8.49000	\$849.00	10/11/2022
				Sch	hedule Total	\$849.00	
mprint Location: I	se, Trim): Graphite, Black Front Pocket			Item Tota	al for Line 2	\$849.00	
	t Vacuum Travel Tumbler - 20 oz;	037-52	80.00	EA	10.69000	\$855.20	10/31/2022
nem	n # 148515						
				Sci	hedule Total	\$855.20	

Purchase Order

Dispatch via Print Ship Via **Payment Terms Freight Terms** HHSTX-3-0000302950 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 10/17/22 3 conforming responses become a part of this numbered purchase order. Contractor 5009 - Vernon:4730 College Dr Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 4730 College Dr All shipments, shipping papers, invoices, and correspondence must be identified PO Box 2231 with our Purchase Order Number. Vernon TX 76385 United States 1391837105 8 Bill To: Terrell SH Whse Vendor: 4IMPRINT INC HEALTH & HUMAN SERVICES COMMISSION 25303 NETWORK PL 1200 E Brin CHICAGO IL 606731253 PO Box 70 **United States** Terrell TX 75160 United States Email: DSHS.TSHBusinessOffice@dshs.texas.gov Purchaser: Breest, Maria Ana Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date 10- Mint, Mint 10- Neon Blue, Neon Blue 10- Neon Orange, Neon Orange 10- Neon Pink, Neon Pink 10 Stainless Steel, Gray 10- White, White Item Total for Line 3 \$855.20 4-1 037-52 250.00 EA 1.99000 \$497.50 10/31/2022 Risky Business Sunglasses - Clear; Item #109494-C \$497.50 Schedule Total Imprint Location: Left Temple Imprint Colors: To Be Determined Imprint Location: Right Temple Imprint Colors: To Be Determined 25- Clear, Blue 25- Clear, Green 50- Clear, Purple 50- Clear, Red 50- Clear, Silver 50- Clear, Yellow \$497.50 Item Total for Line 4 5-1 037-52 250.00 EA 0.00000 \$0.00 10/31/2022 Add'l Location Run Charge; Item # Add'l Location Schedule Total \$0.00 Item Total for Line 5 \$0.00 037-52 100.00 EA 4.99000 \$499.00 10/31/2022 6-1 Collapsible Car Sun Shade; Item # 135987 Schedule Total \$499.00

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Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000302950 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 10/17/22 4 conforming responses become a part of this numbered purchase order. Contractor 5009 - Vernon:4730 College Dr Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 4730 College Dr All shipments, shipping papers, invoices, and correspondence must be identified PO Box 2231 with our Purchase Order Number. Vernon TX 76385 United States 1391837105 8 Bill To: Terrell SH Whse Vendor: 4IMPRINT INC HEALTH & HUMAN SERVICES COMMISSION 25303 NETWORK PL 1200 E Brin CHICAGO IL 606731253 PO Box 70 Terrell TX 75160 **United States** United States Email: DSHS.TSHBusinessOffice@dshs.texas.gov Purchaser: Breest, Maria Ana **Inventory Item ID - Line Description** Line-Sch Class/Item Quantity UOM PO Price Extended Amt Due Date Imprint Location: Pouch Imprint Colors: To Be Determined Imprint Location: Shade - Front Imprint Colors: To Be Determined Item Total for Line 6 \$499.00 7-1 037-52 100.00 EA 0.00000 \$0.00 10/31/2022 Add'l Location Run Charge; Item # Add'l Location Schedule Total \$0.00 Item Total for Line 7 \$0.00 8-1 037-52 200.00 EA 1.75000 \$350.00 10/31/2022 Destin LED Flashlight; Item # 122898 Schedule Total \$350.00 Product Color (Base, Trim): A Color Choice Required, A Color Choice Required Imprint Location: Barrel Item Total for Line 8 \$350.00 9-1 037-52 350.00 EA .65000 \$227.50 10/31/2022 Wolverine Stylus Pen - Silver; Item # 103789-ST-SIL Schedule Total \$227.50 Product Color (Base, Trim): See Below Imprint Location: Barrel - Beside Clip Imprint Colors: To Be Determined 50- Silver, Blue 50- Silver, Green 50- Silver, Light Blue 50- Silver, Orange 50- Silver, Purple

50- Silver, Purple

 Item Total for Line 9
 \$227.50

Purchase Order

	erms Freight Terms	Ship V					10030305	
If advertised by informal bid, Invitation for Offer, or Request for Prop		BEST quest for Propose artisement and ve	ıl; all	Purchase Date	Revision	HHSTX-3-000030295		
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			10/17/22 Ship To:	5009 - Vernon: HEALTH & HU 4730 College D	5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr			
	nts, shipping papers, invoices, and corresp ırchase Order Number.	ondence must b	e identified		PO Box 2231	PO Box 2231 Vernon TX 76385		
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Terrell SH Whs HEALTH & HU 1200 E Brin PO Box 70 Terrell TX 7516 United States	JMAN SERVICES CO	OMMISSION	
				Ema	il: DSHS.TSHBusi	nessOffice@dshs.texa	s.gov	
			0	Purchase	-		D. D. (
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
10-1	Clear Backpack; Item # 150102	037-52	200.00	EA	9.69000	\$1,938.00	10/31/2022	
Imprint Loc	or (Base, Trim): Clear, black ation: Front Pocket ors: To Be Determined				Schedule Total	\$1,938.00		
-				Iten	n Total for Line 10	\$1,938.00		
11-1	Expandable Trunk Organizer; Item # 128390	037-52	100.00	EA	7.99000	\$799.00	10/17/2022	
					Schedule Total	\$799.00		
Imprint Loc		A Color Choice F	Required					
imprint Col	ors: To Be Determined			Iten	n Total for Line 11	\$799.00		
12-1	Lip Balm Traveler; Item # 128293	037-52	250.00	EA	1.95000	\$487.50	10/17/2022	
					Schedule Total	\$487.50		
	ation: Front Back ors: Full Color							
	ation: Label ors: Full Color							
Con				Iten	n Total for Line 12	\$487.50		
		037-52	250.00	EA	1.00000	\$250.00	10/17/2022	
13-1	Anodized Carabiner Keyholder; Item # 1097							
13-1					Schedule Total	\$250.00		

Imprint Location: Side Two

Purchase Order

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Payment Terms Freight Terms Ship Via HHSTX-3-0000302950 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 10/17/22 6 conforming responses become a part of this numbered purchase order. Contractor Ship To: 5009 - Vernon:4730 College Dr guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 4730 College Dr All shipments, shipping papers, invoices, and correspondence must be identified PO Box 2231 with our Purchase Order Number. Vernon TX 76385 United States 1391837105 8 Bill To: Terrell SH Whse Vendor: 4IMPRINT INC HEALTH & HUMAN SERVICES COMMISSION 25303 NETWORK PL 1200 E Brin CHICAGO IL 606731253 PO Box 70 **United States** Terrell TX 75160 United States Email: DSHS.TSHBusinessOffice@dshs.texas.gov Breest, Maria Ana Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date Imprint Colors: Laser Engrave Item Total for Line 13 \$250.00 14-1 037-52 250.00 EA .20000 \$50.00 10/17/2022 Add'l Location Run Charge; Item # Add'l Location Schedule Total \$50.00 Item Total for Line 14 \$50.00 0.00000 10/17/2022 15-1 037-52 1.00 LOT \$0.00 Set-up charges \$0.00 Schedule Total \$0.00 Item Total for Line 15 16-1 962-86 1.00 LOT 507.60000 \$507.60 10/17/2022 Freight charge \$507.60 Schedule Total Item Total for Line 16 \$507.60 Total PO Amount \$8,808.30

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.

Purchase Order

Payment Term		Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000302950
specifications, to	informal bid, Invitation for Offer, or Rec erms, and conditions set forth in the adve	rtisement and vendor's	Date 10/17/22	Revision	Page
guarantees good requirements. All shipments,	ponses become a part of this numbered puls or services delivered meet or exceed nu shipping papers, invoices, and corresp nase Order Number.	umbered purchase order	Ship 10:	5009 - Vernon:4730 Colle HEALTH & HUMAN SEF 4730 College Dr PO Box 2231 Vernon TX 76385 United States	
	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States		Bill To:	Bill To: Terrell SH Whse HEALTH & HUMAN SERVICES 1200 E Brin PO Box 70 Terrell TX 75160 United States	
			Email:	DSHS.TSHBusinessOffice	@dshs.texas.gov
			Purchaser:	Breest,Maria Ana	
Line-Sch Ir	nventory Item ID - Line Description	Class/Item Quan	tity UOM	PO Price Exten	nded Amt Due Date

