Department of State Health Services

Purchase Order

Dispatch via Print

Hernandez, Natalee

Extended Amt

\$216.00

Due Date

PO Price

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000305	5270
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 11/18/22	Revision	Page 1
			Ship To:	nip To: 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States	
Vendor:	endor: 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	TH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

Purchaser:

UOM

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

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

Inventory Item ID - Line Description

DELIVERY: 7 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

Class/Item

AGENCY CONTACT: Raven Keith 956-421-5511

RAVEN.KEITH@DSHS.TEXAS.GOV

HHSC BUYER:

Line-Sch

Natalee Hernandez, CTCD, CTCM 512-406-2555 Natalee.hernandez@hhs.texas.gov

VENDOR: Lori Mades 877-446-7746 Imades@4imprint.com

QUOTE 24039925

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000212421

1-1 037-52 300.00 EA .72000 \$216.00 11/24/2022 SCRATCH PAD - 6" X 4" - WHITE - 50

SHEETS

Schedule Total

Department of State Health Services

Purchase Order

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Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-3-0000305270
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			Ship To:	p To: 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States	
Vendor:	endor: 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE: 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	

Fax: 512/458-7442 **Email:** invoices@dshs.texas.gov

Purchaser: Hernandez, Natalee

				Purc	haser: Hernandez,N	latalee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 1	\$216.00	
2-1	DRAWSTRING SPORTPACK	037-52	150.00	EA	1.94000	\$291.00	11/24/2022
					Schedule Total	\$291.00	
					Item Total for Line 2	\$291.00	
3-1	MOOD STADIUM CUP WITH STRAW - 17OZ	037-52	250.00	EA	1.05000	\$262.50	11/24/2022
					Schedule Total	\$262.50	
					Item Total for Line 3	\$262.50	
4-1	WOLVERINE PEN	037-52	300.00	EA	.67000	\$201.00	11/24/2022
					Schedule Total	\$201.00	
					Item Total for Line 4	\$201.00	
5-1	INSTANT CARE KIT - TRANSLUCENT	037-52	250.00	EA	1.52000	\$380.00	11/24/2022
					Schedule Total	\$380.00	
					Item Total for Line 5	\$380.00	
6-1	SET-UP CHARGES	963-39	1.00	EA	175.00000	\$175.00	11/24/2022
					Schedule Total	\$175.00	
					Item Total for Line 6	\$175.00	

Department of State Health Services

Purchase Order

						Dispa	tch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST W		Purchase Order		HHSTX-3-00	000305270
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			Date 11/18/22	Revision Page 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States			
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Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 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: Email:	512/458-7442 invoices@dshs.t	texas.gov	
				Purchaser:	Hernandez,Na	ntalee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
7-1	FREIGHT	962-86	1.00	EA	90.02000	\$90.02	11/24/2022
				Schedule Total \$90.02			
				Item Total for Line 7 \$90.02			

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 Matalee Hemander, CTCD, CTCM 11/18/2022

Total PO Amount