

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-3-0000306747
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 12/15/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States

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

Purchaser: Naiser,Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SP/E - Spot Purchase Up to \$10,000.00
SHIPPING:
DEPARTMENT OF STATE HEALTHSERVICES
3407 Pony Express Way
Amarillo TX 79118
United States

AGENCY CONTACT:
Porscha Jones-Harris
porscha.jonesharris@dshs.texas.gov
HHSC BUYER:
Tori Naiser
512-971-8263 Tori.Naiser@hhs.texas.gov
VENDOR:
4imprint
Chris Tease
ctease@4imprint.com

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: 0000209578
updated quote

1-1	116193 Bungalow Foldaway Tote Product Color (Base, Trim): Red, Black Imprint Location: Front Imprint Colors: TBD	085-20	100.00	EA	3.06000	\$306.00	12/15/2022
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Schedule Total \$306.00

4imprint
Chris Tease
ctease@4imprint.com
PO Box 320; Oshkosh, WI 54901
www.4imprint.com
Telephone: 877-446-7746 Ext. 8471

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States

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

Purchaser: Naiser, Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Fax: 800-355-5043							
Line item # 1083 Syringe Pen are a free item. See attached quote.							
						Item Total for Line 1	\$306.00
2-1	Set up charge	085-20	1.00	EA	55.00000	\$55.00	12/15/2022
						Schedule Total	\$55.00
						Item Total for Line 2	\$55.00
3-1	"Item #1083 Syringe Pen Imprint Location: Barrel Product Color (Base, Trim): Clear, Red Imprint Colors: White Commodity Code: 175-85"	175-85	100.00	EA	1.50000	\$150.00	12/15/2022
						Schedule Total	\$150.00
Item #1083 Syringe Pen is a free item. Attached quote.							
						Item Total for Line 3	\$150.00
4-1	Set up charge	175-85	1.00	EA	30.00000	\$30.00	12/15/2022
						Schedule Total	\$30.00
						Item Total for Line 4	\$30.00
5-1	Item #137081-CS Mini Hot/Cold Pack - Capsule Product Color (Base, Trim): White, Red Imprint Location: Front - Top Imprint Colors: Black	165-16	150.00	EA	1.97000	\$295.50	12/15/2022
						Schedule Total	\$295.50
						Item Total for Line 5	\$295.50
6-1	Set up charge	165-16	1.00	EA	35.00000	\$35.00	12/15/2022

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 3
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 United States

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

Purchaser: Naiser, Tori

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$35.00	
					Item Total for Line 6	\$35.00	
7-1	Item #2375-25 Souvenir Sticky Note - 3" x 4" - 25 Sheet Commodity Code: 616-62	616-62	250.00	EA	.66000	\$165.00	12/15/2022
					Schedule Total	\$165.00	
					Item Total for Line 7	\$165.00	
8-1	Shipping and Handling	085-20	1.00	EA	57.48000	\$57.48	12/15/2022
					Schedule Total	\$57.48	
					Item Total for Line 8	\$57.48	
Total PO Amount						\$1,093.98	

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
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Tori Naiser

12/22/2022