Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	P.	urohaaa Orden		HHSTX-3-0	00308076
	FOB Dest. Prepaid & Allowed ormal bid, Invitation for Offer, or Requ		Da	urchase Order ate	Revision	111017-3-00	Page
conforming respons guarantees goods or requirements. All shipments, ship	tions, terms, and conditions set forth in the advertisement and vendor's ing responses become a part of this numbered purchase order. Contractor es goods or services delivered meet or exceed numbered purchase order		Sh	/11/23 ip To:	1 1761 - Houston:5425 Polk St HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 490 Houston TX 77023		
41 10 OS	43419039 3 MPRINT CORPORATE PROGRAMS 1 COMMERCE ST SHKOSH WI 549014864 hited States	LLC	Bi	Ш То:	United States Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States		OMMISSION
				Fax: Email:	713/767-2488 Reg_06_Region	al_Budget_PRF@hhse	e.state.tx
			Pu	rchaser:	Fletcher,Patric	ia Rose	
Line-Sch Inver	ntory Item ID - Line Description	Class/Item Quan	tity UON	1	PO Price	Extended Amt	Due Date
HHSC PCS CON Phone: 512-406-2 EMAIL: Patricia.F VENDOR: 4Imprin Name Madeline V Tel # 877/446-774 Email:mwestenbe Please find a cop Please confirm re NOTE: FREIGHT Delivery hours are Friday except des This PO is conting appropriations by	letcher@hhsc.state.tx.us ht Vestenberger	PREPAY AND ALLO) PM Monday of lawful ding.	w				
1-1 BRO	ADLAND DESK CLOCK	195-80 12	2.00 EA	Sche	36.88000 dule Total	\$442.56 \$442.56	01/18/2023
				Item Total f	for Line 1	\$442.56	
2-1 COU	PON CODE	963-42	.00 EA		-49.26000	(\$49.26)	01/18/2023
				Sche	dule Total	\$-49.26	

Health and Human Services Commission

Purchase Order

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Pag		Revision	Date 01/11/23	ndor's	ertisement and ver	formal bid, Invitation for Offer, or Re as, and conditions set forth in the adv	specifications, tern
COMMISSION	ston:5425 Polk St : HUMAN SERVICES CO t		Ship To:	e order	forming responses become a part of this numbered purchase order. Contractor rantees goods or services delivered meet or exceed numbered purchase order uirements. shipments, shipping papers, invoices, and correspondence must be identified		
	PO Box 16017 Ste 490 Houston TX 77023 United States Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States			e identified	ondence must b		All shipments, shi with our Purchas
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sc.state.tx	38 gional_Budget_PRF@hhs	713/767-2488 Reg_06_Regiona	Fax: Email:				
		Fletcher,Patricia	Purchaser:	0			
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t Due Date	Extended Amt		M	Quantity	Class/Item	ntory Item ID - Line Description	Line-Sch Inve
t Due Date	Extended Amt	PO Price	M	Quantity 1.00	Class/Item 966-84	ntory Item ID - Line Description	3-1
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t Due Date - 01/18/2023 - 01/18/2023	Extended Amt \$-49.26 \$50.00 \$50.00 \$50.00 \$30.51 \$30.51	PO Price for Line 2	<u>M</u> Item Total f Schee Item Total f Schee	1.00	966-84	UP CHARGE	3-1 SET 4-1

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 Patricio Hetcher, CTPM