Purchase Order

Dispatch via Print

Payment Ten Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000308254
If advertised specifications	by informal bid, Invitation for Offer, or s, terms, and conditions set forth in the a	Request for Proposal; all dvertisement and vendor's	Date 01/13/23	Revision Page
guarantees go requirements All shipmen	esponses become a part of this numbered odds or services delivered meet or exceed ts, shipping papers, invoices, and correctase Order Number.	d numbered purchase order	Ship To:	1761 - Houston:5425 Polk St HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 490 Houston TX 77023 United States
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States		Bill To:	Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States
			Fax: Email:	713/767-2488 Reg_06_Regional_Budget_PRF@hhsc.state.tx
			Purchaser:	Mcmurtray,Nicole

Quantity

UOM

PO Price

Extended Amt

Due Date

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: 20 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: Name: IZELDA ZARATE

Line-Sch

Email: Izelda.Zarate01@hhs.texas.gov

Purchaser Information: Name: Nikki McMurtray Phone #512-776-6190

Email Address: Nikki.McMurtray@hhs.texas.gov

VENDOR: VID: 1391837105 4IMPRINT INC Madeline Westenberger mwestenberger @4imprint.com Phone: 877-446-7746 Ext. 8517

QUOTE 24057945

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 213940

Purchase Order

Ship Via BEST WAY

Payment Terms

Freight Terms

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If advertised specification	is, terms, a	nal bid, Invitation for Offer, or Requand conditions set forth in the adve	uest for Proposa	al; all endor's	Date		Revision		Pag
guarantees gerequirements	oods or se	become a part of this numbered purvices delivered meet or exceed nu ng papers, invoices, and correspondent	imbered purchas	se order	Ship	То:	5425 Polk St	5425 Polk St MAN SERVICES C	OMMISSION
with our Purchase Order Number.						PO Box 16017 Ste 490 Houston TX 77023 United States			
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill	То:	Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMI 5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States		OMMISSION	
				Fax: Email:		713/767-2488 Reg_06_Regional_Budget_PRF@hhsc.state.tx			
					Pur	chaser:	Mcmurtray,Nico	ole	
Line-Sch	Invento	ry Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date
1-1		RON Qi WIRELESS POWER - 4000 mAh	838-23	20.00	EA		30.39000	\$607.80	01/31/2023
						Sche	dule Total	\$607.80	
COLOR BL	UEQUOT	ATION 24057945				Item Total	for Line 1	\$607.80	
2-1		ES SPOTSHIELD JERSEY HIRT - MENS'S FULL COLOR	200-70	100.00	EA		9.74000	\$974.00	01/31/2023
						Sche	dule Total	\$974.00	
FOREST GR BURNT OR	UE - 5 32 PLE5 3 IA BLUE REEN 5 ANGE RANGE - 3XL /5 42 EEN 5	XL /5 4XL 5 3XL /5 4XL 5 3XL /5 4XL 5 3XL /5 4XL - 5 3XL /5 4XL KL 3XL /5 4XL							
						Item Total	for Line 2	\$974.00	
3-1		ON - CAMERON Qi WIRELESS R BANK	963-39	1.00	EA		-66.28000	(\$66.28)	01/31/2023
						Sche	dule Total	\$-66.28	
						Item Total	for Line 3	\$-66.28	
4-1		CHARGE - CAMERON Qi ESS POWER BANK	966-42	1.00	EA		55.00000	\$55.00	01/31/2023
						Sche	dule Total	\$55.00	
						Item Total	for Line 4	\$55.00	

Purchase Order

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Payment Terms	Freight Terms	Ship Via			OTV 0 000000054
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HH	STX-3-0000308254
specifications, terms	mal bid, Invitation for Offer, or land conditions set forth in the ad	dvertisement and vendor's	Date 01/13/23	Revision	Page 3
guarantees goods or requirements.	s become a part of this numbered services delivered meet or exceed ping papers, invoices, and corrected Number.	numbered purchase order	Ship To: 1761 - Houston:5425 Polk St HEALTH & HUMAN SERVICES CON 5425 Polk St PO Box 16017 Ste 490 Houston TX 77023 United States		
** * 120	1027105.0		D.111 T		

Vendor: 1391837105 8

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 **United States**

Bill To: Invoice-HHSC Financial Service

HEALTH & HUMAN SERVICES COMMISSION

5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States

713/767-2488 Fax:

Reg_06_Regional_Budget_PRF@hhsc.state.tx Email:

Purchaser: Mcmurtray, Nicole Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price **Extended Amt Due Date** 5-1 963-39 1.00 EA -100.90000 (\$100.90) 01/31/2023 COUPON - JERZEES SPOTSHIELD \$-100.90 Schedule Total Item Total for Line 5 \$-100.90

1.00 EA 35.00000 \$35.00 01/31/2023 966-42 6-1 SET-UP CHARGE - JERZEES SPOT SHIELD JERSEY KNIT Schedule Total ___ \$35.00 \$35.00 Item Total for Line 6 7-1 962-86 1.00 EA 10.17000 \$10.17 01/31/2023 FREIGHT - CAMERON Oi WIRELESS POWER BANK Schedule Total \$10.17 Item Total for Line 7 8-1 962-86 1.00 EA 73.98000 \$73.98 01/31/2023 FREIGHT - JERZEES SPOTSHIELD JERSEY KNIT SHIRT Schedule Total \$73.98 Item Total for Line 8 \$73.98 **Total PO Amount** \$1,588.77

Purchase Order

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	HHSTX-3-0000308254
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 01/13/23	Revision Page
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:	1761 - Houston:5425 Polk St HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 490 Houston TX 77023 United States	
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 5425 Polk St PO Box 16017 Ste 220 Houston TX 77023 United States
				Fax: Email:	713/767-2488 Reg_06_Regional_Budget_PRF@hhsc.state.tx
				Purchaser:	Mcmurtray, Nicole
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date

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
MKG Inamwithay, CTCD, CTCM

01/13/2023