Purchase Order

Dispatch via Print

Due Date

Extended Amt

| Payment Te Net 30 | rms Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | HHST | TX-3-0000308972 |
|---|---|-----------------------------|--|---|-----------------|
| If advertised specification | 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 01/26/23 | Revision | Page 1 |
| 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: | 1907 - Harlingen: 601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States | | |
| Vendor: | 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.texas.gov | |
| | | | Purchaser: | Rodriguez,Linda | 512/406-2533 |

Quantity

UOM

PO Price

FY23 Purchase / Requisition # 217006

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

Class/Item

FREIGHT: F.O.B. Destination Freight Prepaid and Add

Inventory Item ID - Line Description

DELIVERY: 4 Weeks After Receipt of PO

QUOTE # 24244044, attached

Agency Delivery Contact: Raven Keith @ 956-421-5511 Raven.Keith@dshs.texas.gov

Purchaser:

Line-Sch

Linda Rodriguez @ 512-406-2533 Linda.Rodriguez3@hhs.texas.gov

Vendor: 4imprint, Inc. Jen Tappa @ 877-446-7746- x 8303 jtappa@4imprint.com

Procurement Method: SP/E

Requirements/Limitations:

Blue, White

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

INCLUDE P.O. NUMBER ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

1-1 037-52 500.00 EA 1.35000 \$675.00 02/23/2023 Item #108779 - Twist and Chill Fan-

Schedule Total \$675.00

Item Total for Line 1 \$675.00

Purchase Order

Dispatch via Print

| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | ннѕ | TX-3-0000308972 | |
|--|----------------------------------|-----------------------------|-------------------------------------|---|-----------------|--|
| 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 01/26/23 | Revision Page 2 | | |
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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: 512/458-7442 **Email:** invoices@dshs.texas.gov

Rodriguez,Linda 512/406-2533 **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item **UOM** PO Price Extended Amt Due Date Quantity 2-1 037-52 250.00 EA 1.65000 \$412.50 02/23/2023 Item #9950-S - Micro Sticky Book Schedule Total \$412.50 Item Total for Line 2 \$412.50 3-1 037-52 1000.00 EA 3.85000 \$3,850.00 02/23/2023 Item #136993 - Clear Game Tote Schedule Total \$3,850.00 Item Total for Line 3 \$3,850.00 1.32000 4-1 037-52 500.00 EA \$660.00 02/23/2023 Item #118043 - Light-Up Yo-Yo-Red Schedule Total \$660.00 Item Total for Line 4 \$660.00 037-52 5-1 50.00 EA 12.55000 \$627.50 02/23/2023 Item #122832 - Frogg toggs Chilly Sport Towel-Blue Schedule Total \$627.50 Item Total for Line 5 ____ \$627.50 037-52 50.00 EA 13.99000 \$699.50 02/23/2023 Item #144710 - The Renegade Inverted Umbrella - 46" Arc-Royal Blue \$699.50 Schedule Total Item Total for Line 6 \$699.50 7-1 037-52 50.00 EA 13.49000 \$674.50 02/23/2023 Item #147410 - Halcyon Tumbler - 20 oz.-Slate Blue, Black Schedule Total \$674.50

Purchase Order

Dispatch via Print

| Payment Term | ě . | Ship Via | | LUICTY | 0000000070 | |
|--|------------------------------|----------|----------------------|--|-----------------|--|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHS1X-3 | -0000308972 | |
| 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 01/26/23 | Revision | Page 3 | |
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| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | | Harlingen TX 78550 United States | lingen TX 78550 | |
| Vendor: | 1391837105 8 4IMPRINT INC | | Bill To: | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEA | ALTH SERVICES | |

25303 NETWORK PL CHICAGO IL 606731253

United States

1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States

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

Item Total for Line 11

Total PO Amount

\$-856.79

Rodriguez,Linda 512/406-2533 Purchaser: Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date Item Total for Line 7 \$674.50 037-52 250.00 EA 2.34000 8-1 \$585.00 02/23/2023 Item #142870 - Jumbo MopTopper Desk Pen-Teal Schedule Total \$585.00 Item Total for Line 8 9-1 966-42 1.00 EA 383.85000 \$383.85 02/23/2023 Set Up Charge/Preproduction Proof/Preproduction Proof Stock Schedule Total \$383.85 Item Total for Line 9 \$383.85 1.00 EA 456.05000 10-1 962-86 \$456.05 02/23/2023 Freight Schedule Total \$456.05 Item Total for Line 10 \$456.05 (\$856.79) 02/23/2023 11-1 037-52 1.00 LOT -856.79000 Coupon Codes \$-856.79 Schedule Total

Purchase Order

Ship Via

Dispatch via Print

| Net 30 | Prepaid & Allow | BEST | WAY | Purchase Order | 1 | HHS1X-3-0000308972 |
|---|---|------------|----------------------|---|--|-----------------------|
| specification | 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 01/26/23 | Revision | Page 4 | |
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| Vendor: | ndor: 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States | | | Bill To: | Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIOR 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States | |
| | | | | Fax: Email: | 512/458-7442 invoices@dshs.texa | is.gov |
| | | | | Purchaser: | Rodriguez,Linda | 512/406-2533 |
| 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.

Payment Terms

Freight Terms

Authorized By

finda Rodriguez, CTCBCTCM

01/26/2023