

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000311874</b>
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.			<b>Date</b> 03/10/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 0281 - Beaumont:350 Pine St Flr 9 HEALTH & HUMAN SERVICES COMMISSION 350 Pine St Flr 9 Beaumont TX 77701 United States
			<b>Page</b> 1

**Vendor:** 1391837105 8  
4IMPRINT INC  
25303 NETWORK PL  
CHICAGO IL 606731253  
United States

**Bill To:** Invoice-HHSC Reg 05 ; Administ  
HEALTH & HUMAN SERVICES COMMISSION  
350 Pine St Flr 9  
Beaumont TX 77701  
United States

**Fax:** 409/951-3209  
**Email:** Reg05\_Admin\_Services@hhsc.state.tx.us

**Purchaser:** Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

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

PLEASE EMAIL INVOICES TO Reg05\_Admin\_Services@hhsc.state.tx.us

Ship Attention to: Angela Holland

AGENCY CONTACT:  
Name: Angela Holland  
Phone: 409-730-4006  
Email: angela.holland@hhs.texas.gov

Purchaser Information:  
Name: Jocelynn Evans  
Phone #512-776-6233  
Email Address: jocelynn.evans@hhs.texas.gov

To receive payment, a contractor must submit an invoice to the state agency receiving the goods or services. The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, and delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

VENDOR:  
VID: 1391837105  
4IMPRINT INC  
Name: Jenn Schloss  
Phone: 877-446-7746 Ext. 8601  
Email: jschloss@4imprint.com

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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 218887

1-1	R05-"Mobile Office Commuter Sleeve - Item #153127 Order# 24347395"	530-46	17.00	EA	21.54000	\$366.18	04/30/2023
<b>Schedule Total</b>						\$366.18	
<b>Item Total for Line 1</b>						\$366.18	
2-1	R05-Set-Up Charge	530-46	1.00	EA	55.00000	\$55.00	04/30/2023
<b>Schedule Total</b>						\$55.00	
<b>Item Total for Line 2</b>						\$55.00	
3-1	R05-Freight	530-46	1.00	EA	17.85000	\$17.85	04/30/2023
<b>Schedule Total</b>						\$17.85	
<b>Item Total for Line 3</b>						\$17.85	
<b>Total PO Amount</b>						\$439.03	

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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**

*Jocelynn Evans, CTCD*

**03/22/2023**