# **Department of State Health Services**

#### **Purchase Order**

**Dispatch via Print** 

		27 A WYA	1		
Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	TX-3-0000312085
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			<b>Date</b> 03/14/23	Revision	Page 1
guarantees goods requirements. All shipments, s	onses become a part of this numbered s or services delivered meet or exceed hipping papers, invoices, and corre- ase Order Number.	numbered purchase order	Ship To:	4534 - Midland:1101 N Mi DEPARTMENT OF STAT 1101 N Midland Dr Midland TX 79703 United States	
, 6111011	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States		Bill To:	Invoice-DSHS Fiscal Claim DEPARTMENT OF STAT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

FY23 Purchase / Requisition # 220818

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

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

DELIVERY: 4 Weeks After Receipt of PO

QUOTE # 24634977, attached

Agency Delivery Contact: Tamara Hall @ 432-210-7808 Tamara.Hall@dshs.texas.gov

Purchaser:

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

Vendor: 4imprint, Inc.

Amanda LaSure @ 877-446-7746- x 8711

alasure@4imprint.com

Procurement Method: SP/E

Requirements/Limitations:

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.

\*\*See Artwork Instructions on quote\*\*

1-1 037-52 500.00 EA .77000 \$385.00 04/11/2023 Item # 116314-PL - Small Tissue Packet - Plaid - HHS DSHS Logo

 Schedule Total
 \$385.00

 Item Total for Line 1
 \$385.00

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		Ship To:	4534 - Midland:1101 N Midland Dr DEPARTMENT OF STATE HEALTH SERVICES 1101 N Midland Dr		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Midland TX 79703 United States	
Vendor: 139	91837105 8		Bill To:	Invoice-DSHS Fiscal Claims	

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

**United States** 

DEPARTMENT OF STATE HEALTH SERVICES

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

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

				Purcha	ser: Rodriguez,Linda	5	12/406-2533
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	
2-1	Set up fee "HHS DSHS Logo" (Mini Tissue)	966-42	1.00	EA	25.00000	\$25.00	04/11/2023
					Schedule Total	\$25.00	
					Item Total for Line 2	\$25.00	
3-1	Item # 154054 - Colma Vacuum Tumbler with Straw - 22 oz.	037-52	30.00	EA	12.64000	\$379.20	04/11/2023
					Schedule Total	\$379.20	
					Item Total for Line 3		
						, = , = ,	
4-1	Item # 136657 - Puka Notebook Set	037-52	450.00	EA	3.04000	\$1,368.00	04/11/2023
					Schedule Total	\$1,368.00	
					Item Total for Line 4	\$1,368.00	
5-1	Set up fee "HHS DSHS Logo" (Notebook)	966-42	1.00	EA	35.00000	\$35.00	04/11/2023
					Schedule Total	\$35.00	
					Item Total for Line 5	\$35.00	
6-1	Item # 146625-1512 - Recyclable Reinforced Handle Plastic Bag - 15" x 12"	037-52	500.00	EA	.57000	\$285.00	04/11/2023
					Schedule Total	\$285.00	
					Item Total for Line 6	\$285.00	
7-1		966-42	1.00	EA	55.00000	\$55.00	04/11/2023

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Payment Te Net 30	erms Freight Terms Prepaid & Allow		Ship Via BEST WAY Purchase Orde		der	HHSTX-3-0000312085			
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			<b>Date</b> 03/14/23	Revision		Page 3			
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:	DEPARTMENT 1101 N Midland	4534 - Midland:1101 N Midland Dr DEPARTMENT OF STATE HEALTH SERVICES 1101 N Midland Dr Midland TX 79703 United States			
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 <b>United States</b>			Bill To:	DEPARTMENT 1100 W 49th St PO Box 149347	Austin TX 78756			
				Fax: Email:					
Line-Sch	The state of the s	Class/Item	0	Purchaser:	Rodriguez,Lind	la 5 Extended Amt	12/406-2533 <b>Due Date</b>		
Line-Sch	Set up fee "HHS DSHS Logo" (Drawstring)	Class/Item	Quantity	COM	rornce	Extended Ann	Due Date		
				S	chedule Total	\$55.00			
				Item To	tal for Line 7	\$55.00			
8-1	Line 3 - Set up fee "HHS DSHS Logo" (Tumbler)	966-42	1.00	EA	40.00000	\$40.00	04/11/2023		
				s	chedule Total	\$40.00			
				Item To	tal for Line 8	\$40.00			
9-1	Freight	962-86	1.00	LOT	183.50000	\$183.50	04/11/2023		
				S	chedule Total	\$183.50			
				Item To	tal for Line 9	\$183.50			

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** 

finda Rodniguez, CTCB, CTCM

03/15/2023