### **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

Payment Te	erms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000312452		
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page		
	specifications, terms, and conditions set forth in the advertisement and vendor's			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:	2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States		
Vendor:	Vendor: 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us		
			Purchaser:	Chavez,Rafael		

Quantity

Class/Item

FY23 Funding

Line-Sch

Requisition: 0000219423

PO Service Dates: 03/20/2023 to 08/31/2023

Quote: 24661706

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

**UOM** 

PO Price

**Extended Amt** 

**Due Date** 

Purchase order issued in accordance with Texas Government Code §2157.068.

Attached Terms and Conditions apply to this Purchase Order.

vendor to properly invoice which may delay payment processing.

**Inventory Item ID - Line Description** 

VENDORS SEND INVOICES VIA EMAIL TO: 710Accounting@hhsc.state.tx.us

Vendor Contact: 4imprint Inc Alex Millerd 877-446-7746 Ext. 8022 amillerd@4imprint.com

Agency Contact: Amy Raschke 432-268-7386 amy.raschke@hhs.texas.gov

Donna Lee, CTCM 432-268-7975

donna.lee@hhs.texas.gov

PCS Purchaser Contact: Steven Chavez, CTCD, CTCM 512-712-5002 Rafael.chavez@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

# **Health and Human Services Commission**

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			Ship To:	2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States	
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 <b>United States</b>		Bill To:	Invoice - DADS HEALTH & HUMAN SERV 2501 Maple St PO Box 451 Abilene TX 79602	VICES COMMISSION

325/795-3807 Fax:

710Accounting@hhsc.state.tx.us Email:

United States

Purchaser: Chavez, Rafael Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt **Due Date** 

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery Hours: 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

1-1	Elevate True Wireless Ear Buds with Charging Case	803-40	17.00	EA	33.19000	\$564.23	03/27/2023
					Schedule Total	\$564.23	
					Item Total for Line 1	\$564.23	
2-1	Set up fee	963-39	1.00	LOT	40.00000	\$40.00	03/27/2023
					Schedule Total	\$40.00	
					Item Total for Line 2	\$40.00	
3-1	FREIGHT FEE	962-86	1.00	LOT	9.43000	\$9.43	03/27/2023
					Schedule Total	\$9.43	
					Item Total for Line 3	\$9.43	
					<b>Total PO Amount</b>	\$613.66	

# **Health and Human Services Commission**

## **Purchase Order**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-000	0312452
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			Ship To:				
	CHICAGO IL 606731253 United States			_	PO Box 451 Abilene TX 79602 United States		
				Fax: Email:	325/795-3807 710Accounting@	Phhsc.state.tx.us	
				Purchaser:	Chavez,Rafael		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt 1	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** 

Steven Chauez, CTCD, CTCH

03/20/2023