Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000312659	
specification	by informal bid, Invitation for Offer, or Rs, terms, and conditions set forth in the ad	vertisement and vendor's	Date 03/21/23	Revision	Page 1	
	esponses become a part of this numbered bods or services delivered meet or exceed .		Ship To:	1905 - Arlington:1301 S HEALTH & HUMAN SI 1301 S Bowen Rd	S Bowen Rd ERVICES COMMISSION	
_	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ste 200 Arlington TX 76013 United States		
Vendor:	1271473094 7 SHEREE KIRSCH DBA WHATEVER! PROMO AGEN 1508 CHRETIEN POINT DR MANSFIELD TX 760633803 United States	ICY	Bill To:	Invoice-DSHS Fiscal Cla DEPARTMENT OF STA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	aims ATE HEALTH SERVICES	

Email: invoices@dshs.texas.gov

512/458-7442

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due Date

Fax:

FY23 Purchase / Requisition # 221154

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

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

DELIVERY: 4 Weeks After Receipt of PO

QUOTE # 1001, attached.

Agency Delivery Contact: Samuel Savala @ 817-264-4502 Samuel.Savala@dshs.texas.gov

Purchaser:

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

Vendor:

Whatever! Promo Agency Sheree @ 817-691-4614 sheree@whateverpromo.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.

1-1 037-78 1000.00 EA .70000 \$700.00 04/18/2023 FULLERTON SGC STYLUS PEN - BLUE

Schedule Total \$700.00

Black and White Imprint, logo attached.

Item Total for Line 1 \$700.00

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	es become a part of this numbered services delivered meet or excee		Ship To:	1905 - Arlington:1301 S Bowen Rd HEALTH & HUMAN SERVICES COMMISSION 1301 S Bowen Rd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Ste 200 Arlington TX 76013 United States		
	-1.45000.4.5					

Vendor: 1271473094 7

SHEREE KIRSCH

DBA WHATEVER! PROMO AGENCY

1508 CHRETIEN POINT DR MANSFIELD TX 760633803

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

				Purcha	ser: Rodriguez,Linda	5.	12/406-2533
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	Item # 26141 - SMILEY FACE SQUEEZIES STRESS RELIEVER - GREEN	037-78	500.00	EA	1.29000	\$645.00	04/18/2023
					Schedule Total	\$645.00	
Black and V	White Imprint - Logo attached				Item Total for Line 2	\$645.00	
3-1	Item # SC22XCCLS - 22 oz Straw Tumbler	037-78	500.00	EA	1.60000	\$800.00	04/18/2023
					Schedule Total	\$800.00	
	t to Red slucent Blue anslucent Red						
Black and V	White Imprint - Logo attached				Item Total for Line 3	\$800.00	
4-1	Item # 42 - CUSTOM PRINTED POST- IT NOTES (4"X6") 25 SHEETS - WHITE	037-78	500.00	EA	1.19000	\$595.00	04/18/2023
					Schedule Total	\$595.00	
Black and V	Vhite Imprint - Logo attached				Item Total for Line 4	\$595.00	
					Total PO Amount	\$2,740.00	

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Payment Te		Ship Via			UIOTV 0 00000400F0
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	<u> </u>	HHSTX-3-0000312659
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 03/21/23	Revision	
			Ship To:	1905 - Arlington:1 HEALTH & HUM. 1301 S Bowen Rd Ste 200 Arlington TX 7601 United States	AN SERVICES COMMISSION
Vendor:	Vendor: 1271473094 7 SHEREE KIRSCH DBA WHATEVER! PROMO AGENCY 1508 CHRETIEN POINT DR MANSFIELD TX 760633803 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.texa	as.gov
			Purchaser:	Rodriguez,Linda	512/406-2533
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ty 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 Jinda Rodriguez, CTCD CTCM

03/22/2023