Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			OTV 0 0000040045
Net 30	See Detail Below	BEST WAY	Purchase Order		HHSTX-3-0000312815
specifications, terms, a	al bid, Invitation for Offer, or I	dvertisement and vendor's	Date 03/22/23	Revision 2 - 3/23/2023	Page 1
guarantees goods or se requirements.			Ship To:		

Vendor: 1391837105 8

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

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

NEED ASAP Quotation 24489530

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

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

DELIVERY: 3 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

AGENCY CONTACT:
Ms Denetra Adams
Texas Dept Of Health Human
Services
1200 E COPELAND RD STE 310
ARLINGTON, TX 76011-4937

HHSC BUYER:

Darryl Manor, Purchaser CTCD

Temp Cell: 512-853-0576 Phone: (512) 406-2475 E-Mail Address: darryl.manor@hhs.texas.gov

VENDOR: 4ImPrint Inc. Liz McGlenn

877-446-7746 Ext. 8434 Imcglenn@4imprint.com

QUOTE 24489530

PURCHASING METHOD: SP/E

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: 0000220049

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		ппе	TV 2 000024204E
Net 30	See Detail Below	BEST WAY	Purchase Order	ппә	TX-3-0000312815
specifications, terms,	mal bid, Invitation for Offer, or I and conditions set forth in the ad	dvertisement and vendor's	Date 03/22/23	Revision 2 - 3/23/2023	Page 2
	s become a part of this numbered services delivered meet or exceed		Ship To:	T132 - Arlington:1200 E HEALTH & HUMAN SE 1200 E Copeland Rd	
All shipments, shipp with our Purchase (oing papers, invoices, and corre Order Number.	espondence must be identified		PO Box 200697 Ste 310 Arlington TX 76011	
			_	United States	

Vendor: 1391837105 8

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

				Purchaser:	Manor, Darryl Dwayi	ne 51	12/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Aruba Tote, White/Royal Blue	530-75	550.00	EA	\$1.36	\$748.00	03/27/2023
	11.5x15x3.5, Item #137510				Schedule Total	\$748.00	

These items will be used during the annual Pathway to Quality Care Conference held on April 1, 2023. the items will be used with the participants during the conference.

The imprint on the lanyards, bags and pens will be: Pathway to Quality Care

The imprint color is Royal Blue on lanyards and bags; The imprint color on pens is silver.

Most efficient cost - Cost is lower than items through Texas Smart Buy

Quote Attached is quote from 4Imprint. Quote is valid through March 17, 2023.

					Item Total for Line 1	\$748.00	
2-1	Aruba Tote Setup Charge, Item #137510	962-86	1.00	EA	45.00000	\$45.00	03/27/2023
					Schedule Total	\$45.00	
					Item Total for Line 2	\$45.00	
3-1	Aruba Freight Charge, Item #137510	962-86	1.00	EA	\$327.35	\$327.35	03/27/2023
					Schedule Total	\$327.35	
					Item Total for Line 3	\$327.35	
4-1	Value Lanyard-3/4 Metal Bulldog Clip, White/Royal Blue, Item #111559- 34-MBD	450-66	650.00	EA	1.21000	\$786.50	03/27/2023
					Schedule Total	\$786.50	

These items will be used during the annual Pathway to Quality Care Conference held on April 1, 2023. the items will be used with the participants during the conference.

The imprint on the lanyards, bags and pens will be: Pathway to Quality Care

The imprint color is Royal Blue on lanyards and bags; The imprint color on pens is silver.

Purchase Order

Dispatch via Print

512/406-2475

Payment Terms	Freight Terms	Ship Via			
Net 30	See Detail Below	BEST WAY	Purchase Order	HHST	X-3-0000312815
specifications, terms	rmal bid, Invitation for Offer, or I , and conditions set forth in the ad	dvertisement and vendor's	Date 03/22/23	Revision 2 - 3/23/2023	Page 3
guarantees goods or requirements.	es become a part of this numbered services delivered meet or exceed ping papers, invoices, and correctorder Number.	numbered purchase order	Ship To:	T132 - Arlington:1200 E Co HEALTH & HUMAN SERV 1200 E Copeland Rd PO Box 200697 Ste 310 Arlington TX 76011 United States	
Vondor: 130	01837105 8		Bill To	Invoice-HHSC Accounting	

Vendor: 1391837105 8

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

United States

Bill To:

Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Manor, Darryl Dwayne

512/424-6901 Fax:

Purchaser:

HHSC_AP@hhsc.state.tx.us Email:

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Most efficie	nt cost - Cost is lower than items through Te	xas Smart Buy	Item Total for Line 4 \$786.50				
Quote Attac	hed is quote from 4Imprint. Quote is valid th	rough March 17	, 2023.		T. T. 10 T. 4	\$70.C.50	
					Item Total for Line 4	\$786.50	
5-1	Value I amount Catara Channe Itana	962-86	1.00	EA	45.00000	\$45.00	03/27/2023
	Value Lanyard Setup Charge Item #111559-34-MBD						
					Schedule Total	\$45.00	
					Item Total for Line 5	\$45.00	
6-1		962-86	1.00	FΔ	12 26000	\$12.26	03/27/2023
0.1	Value Lanyard Freight Item #111559- 34-MBD	702 00	1.00	Lit	12.2000	Ψ12.20	03/21/2023
	34-MDD				Schodula Total	\$12.26	
					·		
					icm rotarior Line o	Ψ12.20	
7-1	Javelin Pe-Translucent, Sapphire Blue	620-81	650.00	EA	.36000	\$234.00	03/27/2023
	Item #6551-T						
					Schedule Total	\$234.00	
					Item Total for Line 7	\$234.00	
8-1		962-86	1.00	EA	15.00000	\$15.00	03/27/2023
	Javelin Pen Setup Charge Item #6551-T						
					Schedule Total		
					Item Total for Line 8	\$15.00	
9-1		962-86	1.00	EA	\$50.70	\$50.70	03/27/2023
	Javelin Pen-Translucent Freight Charge Item #6551-T						

Purchase Order

Purchase Order

Ship Via

BEST WAY

Dispatch via Print

HHSTX-3-0000312815

pecifications, terms, and conditions set forth in the advertisement and vendor's onforming responses become a part of this numbered purchase order contractor guirements. Il shipments, shipping papers, invoices, and correspondence must be identified ith our Purchase Order Number. Ship To: T132 - Arlington:1200 E Copeland R HEALTH & HUMAN SERVICES COMMISSION 1200 E Copeland Rd PO Box 200697 Ste 310 Arlington TX 76011 United States Find I 391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States Fax: S12/424-6901 Email: Fax: S12/424-6901 Email: HHSC_AP@hhsc.state.tx.us	1100 50	Bee Betair Below	DEDI WIII	i di cilase Oldei			
Jarantees goods or services delivered meet or exceed numbered purchase order equirements. In the properties of the first of the properties of the propertie	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.		ertisement and vendor's				Pag
4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States Fax: 512/424-6901 Email: HHSC_AP@hhsc.state.tx.us Purchaser: Manor,Darryl Dwayne 512/406-2475 ine-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Am Due Date Schedule Total \$50.70 Item Total for Line 9 \$50.70			umbered purchase order	Ship To:	HEALTH & HUMAN SERVICES COMMISSION 1200 E Copeland Rd PO Box 200697 Ste 310 Arlington TX 76011		
Email: HHSC_AP@hhsc.state.tx.us Purchaser: Manor,Darryl Dwayne 512/406-2475	Vendor:	4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253		Bill To:	HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
ine-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date Schedule Total \$50.70 Item Total for Line 9 \$50.70							
Schedule Total \$50.70 Item Total for Line 9 \$50.70							
Item Total for Line 9 \$50.70	Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Ex	xtended Amt	Due Date
				Sche	edule Total	\$50.70	
Total PO Amount \$2,263.81				Item Total	for Line 9	\$50.70	
				Total P	O Amount	\$2,263.81	

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

Net 30

Freight Terms

See Detail Below

Authorized By

Day ma ctcD

03/23/2023