### **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Terr Net 30	ms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	ннѕтх	-3-0000314816
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> 04/17/23	Revision	Page 1
guarantees goo requirements. All shipments	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.			1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States	
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRA 101 COMMERCE ST OSHKOSH WI 549014864 United States	MS LLC	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	
			F	512/459 7442	

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

Purchaser: Thompson, Casandra

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

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

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

DELIVERY: 14 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:

Lori Dye

Ph: (806) 783-6474

Email: Lori.Dye@dshs.texas.gov

Ship to Attn: Lori Dye Ph: (806) 783-6474

Email: Lori.dye@dshs.texas.gov

HEALTH HUMAN SERVICE COMMISSION

6302 Lola Ave

LUBBOCK TX 79424

HHSC BUYER:

Casandra Thompson, CTCD

512-776-4243

Casandra.thompson@hhs.texas.gov

VENDOR:

VID: 1943419039

4IMPRINT CORPORATE PROGRAMS LLC

Abby Spanbauer

Ph: (877) 446-7746 EXT 8562 Email: aspanbauer@4imprint.com

FY23 085-45

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

# **Department of State Health Services**

# **Purchase Order**

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Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Pur	rchase Order		HHSTX-3-0	00031481	
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				Dat		Revision		Paç	
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Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAMS LLC 101 COMMERCE ST OSHKOSH WI 549014864 United States			Bill	Bill To: Inv. DE 110 PO Aus		voice-DSHS Fiscal Claims EPARTMENT OF STATE HEALTH SERVICES 00 W 49th St (RBB) D Box 149347 ustin TX 78756 nited States		
				Fax: Email:		512/458-7442 invoices@dshs.texas.gov			
				Pur	chaser:	Thompson,Ca	sandra		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
1-1	Poly Bag with Cotton Drawstring, Item #6062-1612, 16"x12", White, CC# 085-45	085-45	500.00	EA	Sche	.69000  dule Total	\$345.00 \$345.00	05/01/2023	
					Item Total	for Line 1	\$345.00		
2-1	Set-Up Charge	085-45	1.00	EA		65.00000	\$65.00	05/01/2023	
					Sche	dule Total	\$65.00		
					Item Total	for Line 2	\$65.00		
3-1	Shiping and handling	085-45	1.00	EA		19.20000	\$19.20	05/01/2023	
3-1	Shiping and handling	085-45	1.00	EA	Sche	19.20000  dule Total		05/01/2023	
3-1	Shiping and handling	085-45	1.00	EA			\$19.20	05/01/2023	

# **Department of State Health Services**

### **Purchase Order**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	<b>Ship V</b> i BEST V		Purchase Order	HHSTX-3-000	0314816
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.			<b>Date</b> 04/17/23	Revision	<b>Page</b> 3	
			Ship To:	1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COM 6302 Iola Ave Lubbock TX 79424 United States	MISSION	
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAMS LLC 101 COMMERCE ST OSHKOSH WI 549014864 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH S 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
				Purchaser:	Thompson,Casandra	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	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
Carnor Thanger, CTCD 04/17/2023