Department of State Health Services

Purchase Order

Dispatch via Print

Payment Ter		Ship Via		HUCTY 2 0000244007		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order Date	HHSTX-3-0000314897		
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision Page		
	s, terms, and conditions set forth in the ac		04/18/23	1		
	esponses become a part of this numbered		Ship To:	1907 - Harlingen:601 W Sesame Dr		
10.	oods or services delivered meet or exceed	numbered purchase order	`	DEPARTMENT OF STATE HEALTH SERVICES		
_	requirements.			601 W Sesame Dr Harlingen TX 78550 United States		
	All shipments, shipping papers, invoices, and correspondence must be identified					
with our Pul	with our Purchase Order Number.					
Vendor:	1391837105 8		Bill To:	Invoice-DSHS Fiscal Claims		
venuor:	4IMPRINT INC		DIII 10:	DEPARTMENT OF STATE HEALTH SERVICES		
	25303 NETWORK PL			1100 W 49th St (RBB)		
	CHICAGO IL 606731253			PO Box 149347		
	United States			Austin TX 78756		
				United States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.gov		

Quantity

Purchaser:

UOM

Wilson, Paige

Extended Amt

Due Date

PO Price

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

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

Inventory Item ID - Line Description

DELIVERY: 14 Days After Receipt of PO

Line-Sch

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Class/Item

AGENCY CONTACT: Raven Lynn Keith 956-421-5511

RAVEN.KEITH@DSHS.TEXAS.GOV

Ship to Attn: Raven Lynn Keith DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen, TX 78550

HHSC BUYER: Paige Wilson, CTCD Paige.wilson@hhs.texas.gov

VENDOR: 41mprint Lori Mades 877-446-7746 Ext. 8175 Imades@4imprint.com

Quote: 24434441

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

Requisition #0000222054

Department of State Health Services

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-000031	4897	
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			Date 04/18/23	Revision Pag		
	es become a part of this numbere services delivered meet or excee		Ship To:	1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Harlingen TX 78550 United States		
Vendor: 13	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 Fax: Email: invoices@dshs.texas.gov

					chaser: Wilson,Pa	ige	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Portion Bowl-item#117761-T 100 each color, Frost, Aqua, Blue, Lime, Purple	037-52	500.00	EA	1.44600	\$723.00	05/02/2023
					Schedule Total	\$723.00	
					Item Total for Line 1	\$723.00	
2-1	Childrens Portion Plate-Food Graphics Item#117759-C-FG 100each color,blue,frost,green,lime,purple	037-52	500.00	EA	2.10400	\$1,052.00	05/02/2023
					Schedule Total	\$1,052.00	
					Item Total for Line 2	\$1,052.00	
3-1	Portion Plates-food graphic item#117759-FG color, translucent blue,frost,green,lime green,purple	037-52	250.00	EA	2.18300	\$545.75	05/02/2023
					Schedule Total	\$545.75	
					Item Total for Line 3	\$545.75	
4-1	Reflective Sticker-item#113034-SQ-22	037-52	1000.00	EA	.52450	\$524.50	05/02/2023
					Schedule Total	\$524.50	
					Item Total for Line 4	\$524.50	
5-1	set up charges	966-42	1.00	EA	235.00000	\$235.00	05/02/2023
					Schedule Total	\$235.00	
					Item Total for Line 5	\$235.00	
6-1		962-86	1.00	EA	254.34000	\$254.34	05/02/2023

Department of State Health Services

Purchase Order

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Payment Te	rms Freight Terms	Ship Via		Dispaton via i fint
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000314897
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			Date 04/18/23	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:	1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 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.texas.gov
			Purchaser:	Wilson,Paige
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date
	FREIGHT			
			Sche	dule Total\$254.34_
			Item Total i	for Line 6\$254.34_
			Total Po	O Amount \$3,334.59

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.

Paige Wilson, CTCD

04/18/2023