Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ННЅТ	TX-3-0000315399
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 04/24/23	Revision	Page 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:	0138 - Arlington:1200 E Copeland R DEPT FAMILY AND PROTECTIVE SERVICES 1200 E Copeland Rd PO Box 200697 Ste 400 Arlington TX 76011 United States		
¥7 1	2410020 2		D'II T	Ii HHICC Ati	

Vendor: 1943419039 3

4IMPRINT CORPORATE PROGRAMS LLC

101 COMMERCE ST OSHKOSH WI 549014864

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

HHSC_AP@hhsc.state.tx.us **Email:**

Wilson, Madison Faith **Purchaser:**

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

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

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

DELIVERY: 7-14 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: Penelope Baldwin 817-792-5254 Penelope.baldwin@hhs.texas.gov Ship to Attn: Penelope Baldwin 1200 E Copeland Rd PO Box 200697 Ste 400 Arlington, TX 76011

HHSC BUYER: Madison Wilson 254-744-4512

Madison.wilson@hhs.texas.gov

VENDOR: 4Imprint

dfreund@4imprint.com

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 0000231687

225-40 100.00 EA 2.59000 1-1 \$259.00 04/28/2023

Item# 150209-24HR, Crosby Lunch

Cooler Tote - 24 hour

\$259.00 **Schedule Total**

Items will be used as staff appreciation gifts. These items will be given to staff as appreciation gifts at staff meeting.

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			Ship To:			
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAM 101 COMMERCE ST OSHKOSH WI 549014864 United States	S LLC	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us		
			Purchaser:	Wilson,Madison	Faith	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total for Line 1 \$259.00			
			Total Po	O Amount	\$259.00	

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

Wadison Wilson

04/24/2023