## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			FV 0 0000040F00		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	TX-3-0000316529		
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> 05/05/23	Revision			
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:	2794 - San Antonio:11307 Roszell HEALTH & HUMAN SERVICES COMMISSION 11307 Roszell			
				PO Box 23990 San Antonio TX 78217 United States			

**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

Email: HHSC\_AP@hhsc.state.tx.us

Purchaser: Martinez, Travis

	Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity UOM	PO Price	Extended Amt Due Date
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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: Veronica Patron Administrative Assistant III Community Care Services - Region 07/08 Community Services Department Texas Health and Human Services Commission Ph# (210)619-8149

HHSC BUYER: Travis Martinez CTCD 512-438-5685 Travis.martinez@hhs.texas.gov

VENDOR:

Fax: 855-291-7381

Phone: 877-446-7746 Ext. 8519 Questions Call: Laura Schmitz Ischmitz@4imprint.com

QUOTE 24871179

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 233523

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with our Furchase	Order Number.			San Antonio TX 78217 United States	
Vendor: 19	43419039 3		Bill To:	Invoice-HHSC Account	ting

4IMPRINT CORPORATE PROGRAMS LLC

101 COMMERCE ST OSHKOSH WI 549014864

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

**Email:** HHSC\_AP@hhsc.state.tx.us

				Purcha	aser: Martinez,Travis		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
1-1	Cushioned Jar Opener - Circular Item No 115249-CR	045-17	1500.00	EA	.62000	\$930.00	05/23/2023
					Calcadada Tadal	\$020.00	
					Schedule Total	\$930.00	
2-1	Shipping and set up	962-86	1.00	EA	96.78000	\$930.00 \$96.78	05/23/2023
					Schedule Total	\$96.78	
					Item Total for Line 2	\$96.78	
					Total PO Amount	\$1,026.78	

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.

This Muster, CTCD 05/09/2023