## **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000316816	
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> 05/09/23	Revision	<b>Page</b> 1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	2794 - San Antonio:11307 Roszell HEALTH & HUMAN SERVICES COMMISSION 11307 Roszell		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
** 10	12.110.020.2	·		T : IMIGG A .:		

**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

Please order Key Ring Pouch with printed name of CCS which includes Region 8's intake phone number to be given out by staff at outreach presentations and conferences.

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 24871166

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 233567

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Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRA 101 COMMERCE ST OSHKOSH WI 549014864 United States	AMS LLC	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SER 4601 W Guadalupe St Austin TX 78751 United States	
			Fax: Email:	512/424-6901 HHSC AP@hhsc.state.tx.u	ıs

Purchaser: Martinez Travis

				Pur	chaser: Martinez, I ravis	5	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
1-1	Key Ring Zippered Pouch - Blue, Item No 102936	615-50	1500.00	EA	.98000	\$1,470.00	05/31/2023
					G	D1 470 00	
					Schedule Total	\$1,470.00	
		0.00	4.00		Item Total for Line 1	\$1,470.00	07/04/0000
2-1	Shipping and set up	962-86	1.00	EA	161.68000	\$161.68	05/31/2023
					Schedule Total	\$161.68	
					Item Total for Line 2	\$161.68	
					Total PO Amount	\$1,631.68	

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

This Muster, CTCD

05/17/2023