Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000316979
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.			Date 05/10/23	Revision 2 - 5/10/2023	Page 1
			Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States	

Vendor: 1391837105 8

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

United States

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

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

NOTE: SEND INVOICES TO: reg04_admin_services@hhs.texas.gov

Please follow the Texas Comptroller's Invoicing standards as seen below. Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000231500

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Paula Thurman / 903-509-5104 Email: Paula.Thurman@hhs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION: Vendor Name: 4 Imprint

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Schedule Total \$10.66

Item Total for Line 2 \$10.66

Total PO Amount \$301.66

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			Ship To:		5200 K 75702		
Vendor: 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States				Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMIS 302 E Rieck Rd Tyler TX 75703 United States		OMMISSION
				Fax: Email:	903 534 8487 paula.thurman@	hhsc.state.tx.us	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Alexander,Lesli	ie L 5 Extended Amt	12/406-2424 Due Date
Phone: 877 Email: Isch Quote #: 24	aura Schmitz 7-446-7746 x8519 mitz@4imprint.com 4841458/ Expires: 05/12/2023 ms are FOB Destination Prepaid and Alle 30	owed/Add					
1-1	Silk touch Sport Shirt-Men's- Embroidered,Item #7540-M-E,1-XL Black,1-XL Burgundy,1-XL Clover Green,1-XL Maui Blue,1-XL Steel Gray,1-XL Strong Blue,1-XXXL Black,1-XXXLBurgundy,1-XXXL Clover Green,1-XXXL Maui Blue,1- XXXL Steel Gray,1-XXXL Strong Blue	200-85	12.00	EA	24.25000	\$291.00	05/17/2023
				Sche	dule Total	\$291.00	
				Item Total i	for Line 1	\$291.00	
2-1	Freight	962-86	1.00	LOT	10.66000	\$10.66	05/17/2023

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			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us		
			Purchaser:	Alexander,Leslie L	512/406-2424	

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.

Quantity

UOM

PO Price

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.

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

Lastin Hant S, CTP

05/10/2023

Extended Amt

Due Date