### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-3-00	0031731
specifications, terms	rmal bid, Invitation for Offer, or Rec , and conditions set forth in the adve	rtisement and ven	ndor's	<b>Date</b> 05/15/23	Revision		Pag
guarantees goods or requirements.	es become a part of this numbered pu services delivered meet or exceed nu ping papers, invoices, and corresp Order Number.	umbered purchase	order	Ship To:	3137 - Tyler:330 HEALTH & HUN 3303 Mineola Hw PO Box 5200 Tyler TX 75702 United States	AAN SERVICES CC	OMMISSION
4IN 253 CH	91837105 8 IPRINT INC 803 NETWORK PL ICAGO IL 606731253 ited States			Bill To:	Invoice-HHSC; R HEALTH & HUN 302 E Rieck Rd Tyler TX 75703 United States	egion 04 Headqu IAN SERVICES CC	OMMISSION
				Fax: Email:	903 534 8487 paula.thurman@h	hsc.state.tx.us	
				Purchaser:	Breest,Maria An		
Line-Sch Invent	tory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
NOTE TO PURCH	ASER: please add the below to t	he TXSmartBuy	copy and P	О сору.			
3303 MINEOLA H	DN CODE: 3137 I Services Commission WY., TYLER, TX 75702 Iams / 903-533-4258 / Darin.Ada	ms@hhs.texas.ç	gov				
BILL TO LOCATIO	N CODE: 3135 Services Commission						

Health and Human Services Commission 302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04\_admin\_services@hhs.texas.gov

SUPER USER: Esperanza.McMeans@hhs.texas.gov / 903-509-5131

SCOR DIVISION # 13 HHSC - System Support Services

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.

Notes to Purchaser: Add PCC code to PO copy, if any Please add Requisition number and SmartBuy Number on PO copy

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Employee Uniform-Shirts SP/E - Spot Purchase Up to \$10,000.00 936-18 SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

### **Purchase Order**

Freight Terms Prepaid & Allow al bid, Invitation for Offer, or Re nd conditions set forth in the adv become a part of this numbered p rvices delivered meet or exceed n ng papers, invoices, and corres rder Number. 337105 8 RINT INC 3 NETWORK PL AGO IL 606731253 d States	vertisement and ver purchase order. Con numbered purchase	WAY l; all ndor's ntractor e order	Purchase Order Date 05/15/23 Ship To: Bill To:	Revision 3137 - Tyler:3302 HEALTH & HUN 3303 Mineola Hw PO Box 5200 Tyler TX 75702 United States Invoice-HHSC; R HEALTH & HUN 302 E Rieck Rd Tyler TX 75703	HHSTX-3-0 <sup>3</sup> Mineola Hwy AAN SERVICES Co 'y	Pa OMMISSION
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RINT INC 3 NETWORK PL AGO IL 606731253			Bill To:	HEALTH & HUN 302 E Rieck Rd Tyler TX 75703		OMMISSION
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			Fax: Email:	903 534 8487 paula.thurman@h	hsc.state.tx.us	
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3 HHSC - System Support Se	ervices					
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	After Receipt of PO om 8:00-11 :30 AM and 1:00 NDORS SEND INVOICES VI Adams darin.adams@hhs.texas.gov : 903-533-4258 N CODE: 3137 Services Commission Y., TYLER, TX 75702 ms / 903-533-4258 / Darin.Ad CODE: 3135 Services Commission D, TYLER, TX 75703 D: reg04_admin_services@hh eranza.McMeans@hhs.texas.e 3 HHSC - System Support Se xas Comptroller's Invoicing sta on invoices, bills, receipts, bill ent, a contractor must submit : nclude, but is not limited to inc hailing and e-mail (if applicable elephone number; ephone number of a person d s name, agency number, deliv s purchase order number, if a ber or other reference number infication number (TIN) issue- ne goods or services, in suffici responding to the amount of th invoice after receiving an assi	estination Freight Prepaid Allowed After Receipt of PO om 8:00-11 :30 AM and 1:00-4:30 PM Monday NDORS SEND INVOICES VIA EMAIL TO par Adams darin.adams@hhs.texas.gov : 903-533-4258 N CODE: 3137 Services Commission Y., TYLER, TX 75702 ms / 903-533-4258 / Darin.Adams@hhs.texas. CODE: 3135 Services Commission D, TYLER, TX 75703 D: reg04_admin_services@hhs.texas.gov eranza.McMeans@hhs.texas.gov / 903-509-51 3 HHSC - System Support Services xas Comptroller's Invoicing standards as seen on invoices, bills, receipts, bill lading, packing : ent, a contractor must submit an invoice to the hclude, but is not limited to including: hailing and e-mail (if applicable) address; elephone number; ephone number; ephone number; if applicable; ber or other reference number, if applicable; ber or other reference number, if applicable; ber or other reference number, if applicable; httification number (TIN) issued by the Comptro he goods or services, in sufficient detail to iden responding to the amount of the invoice; invoice after receiving an assignment of a contractor	estination Freight Prepaid Allowed After Receipt of PO om 8:00-11 :30 AM and 1:00-4:30 PM Monday - Friday exe NDORS SEND INVOICES VIA EMAIL TO paula.thurman Adams darin.adams@hhs.texas.gov : 903-533-4258 N CODE: 3137 Services Commission Y., TYLER, TX 75702 ms / 903-533-4258 / Darin.Adams@hhs.texas.gov CODE: 3135 Services Commission D, TYLER, TX 75703 D: reg04_admin_services@hhs.texas.gov eranza.McMeans@hhs.texas.gov / 903-509-5131 3 HHSC - System Support Services xas Comptroller's Invoicing standards as seen below. on invoices, bills, receipts, bill lading, packing slips, and ba ent, a contractor must submit an invoice to the State Agend nclude, but is not limited to including: nailing and e-mail (if applicable) address; 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Jephone number; ephone number; fl applicable; ber or other reference number, if applicable; ber or other reference number, if applicable; ber or other reference number, if applicable; ther or other reference number, if applicable; the

HHSC BUYER: Ana Breest, CTCD, CTCM

## **Purchase Order**

Payment T		Ship V			<b>N</b>	HHSTX-3-0	0031731
Net 30 If advertise	Prepaid & Allow ed by informal bid, Invitation for Offer,	BEST		Purchase ( Date	Drder Revision	<u>11217-3-0</u>	DUU31731 Pag
specificatio	ons, terms, and conditions set forth in the gresponses become a part of this numb	he advertisement and ve	endor's	05/15/23		2	Pag
guarantees equiremen All shipme	goods or services delivered meet or ex	Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMM 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States				
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 <b>United States</b>			Bill To:	Invoice-HHSC; l	Region 04 Headqu MAN SERVICES CO	OMMISSION
				Fax: Email:	903 534 8487 paula.thurman@	hhsc.state.tx.us	
Line-Sch	Inventory Item ID - Line Descrip	otion Class/Item	Quantity	Purchaser: UOM	Breest,Maria A PO Price	na Extended Amt	Due Date
	· · · · · ·	tion Class/Item	Quantity	UOM	TOTICe	Extended Amt	Due Date
512-406-2 ana.brees	2679 t@hhs.texas.gov						
Ilmprint /endor Cc /endor Te /endor Er Quote #Q0 Quote #Q0 PURCHAS Not to Exc REQUIRE This PO is nvoice pe	INFORMATION: ontact: Laura Schmitz elephone: 877-446-7746 X:8519 mail: Ischmitz@4imprint.com 026603 SING METHOD: SP/E seed \$10,000.00 :MENTS/LIMITATIONS: s contingent upon the continued ava sr 34 TAC §20.487, amended effect n: 0000233695		ropriations by	∕ the Texas Leg	islature. FY2023 fundin	g.	
-1	Workplace Easy Care SS Twill Shin Men's, 1-Large: Purple, Light Stone Item #7542-M-SS		1.00	EA	37.25000	\$37.25	05/21/2023
					Schedule Total	\$37.25	
PLEASE S	EE ATTACHED QUOTE.			Item	Total for Line 1	\$37.25	
PLEASE S	EE ATTACHED QUOTE.			Item	Total for Line 1	\$37.25	
	EE ATTACHED QUOTE. Freight	962-86	1.00	<b>Item</b>	Total for Line 1 14.22000	\$37.25 \$14.22	05/21/2023
		962-86	1.00			\$14.22	05/21/2023
2-1		962-86	1.00	LOT	14.22000	\$14.22 \$14.22	05/21/2023

### **Purchase Order**

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	000317316
specification	by informal bid, Invitation for Offer, or Rec s, terms, and conditions set forth in the adve	rtisement and ve	endor's	<b>Date</b> 05/15/23	Revision		Page 4
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:	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 <b>United States</b>			Bill To:			OMMISSION
				Fax: Email:	903 534 8487 paula.thurmar	n@hhsc.state.tx.us	
				Purchaser:	Breest,Maria	a Ana	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche	dule Total	\$24.57	
				Item Total f	for Line 3	\$24.57	
				Total PO	O Amount	\$76.04	

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	
MRKAART CTODITCA	
MBreast CTCD, CTCM	05/16/2022
-•	<u>05/16/2023</u>