

# Department of State Health Services

## Purchase Order

Dispatch via Print

|  |   |                             |  |
|--|---|-----------------------------|--|
| <b>Payment Terms</b><br>Net 30   | <b>Freight Terms</b><br>Prepaid & Allow | <b>Ship Via</b><br>BEST WAY | <b>Purchase Order</b><br><b>HHSTX-3-0000318887</b>   |
| 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. |   |                             | <b>Date</b><br>06/07/23  |
| <b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>   |   |                             | <b>Revision</b><br>1   |
|  |   |                             | <b>Ship To:</b><br>1902 - Temple:2408 S 37th St<br>DEPARTMENT OF STATE HEALTH SERVICES<br>2408 S 37th St<br>Temple TX 76504<br>United States |

**Vendor:** 1391837105 8  
4IMPRINT INC  
25303 NETWORK PL  
CHICAGO IL 606731253  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Alexander, Leslie L 512/406-2424

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

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000223214

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

**AGENCY CONTACT:**  
Name: Heather Clark /254-771-6799  
Email: Heather.Clark@dshs.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  
Contact: Ann Reichenberger  
Phone: 877-446-7746 ext. 8361  
Email: areichenberger@4imprint.com

Quote #: 25191229/ Date: 06/05/2023

Freight Terms are FOB Destination Prepaid and Allowed/Add  
Terms: Net 30

|     |  |        |        |    |         |          |            |
|-----|--|--------|--------|----|---------|----------|------------|
| 1-1 | Item #: 120167-ST-L - Retractable<br>Badge Holder with Lanyard Attachment<br>- Star - Label; Color: White, Clear | 080-10 | 150.00 | EA | 2.45000 | \$367.50 | 06/16/2023 |
|-----|--|--------|--------|----|---------|----------|------------|

**Schedule Total** \_\_\_\_\_ \$367.50  
**Item Total for Line 1** \_\_\_\_\_ \$367.50

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|  |   |                             | <b>Page</b><br>2   |

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**Email:** invoices@dshs.texas.gov


**Purchaser:** Alexander, Leslie L 512/406-2424

| Line-Sch                     | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date   |
|------------------------------|--------------------------------------|------------|----------|-----|----------|--------------|------------|
| 2-1                          | Shipping and Handling                | 962-86     | 1.00     | EA  | 10.92000 | \$10.92      | 06/16/2023 |
| <b>Schedule Total</b>        |                                      |            |          |     |          | \$10.92      |            |
| <b>Item Total for Line 2</b> |                                      |            |          |     |          | \$10.92      |            |
| <b>Total PO Amount</b>       |                                      |            |          |     |          | \$378.42     |            |

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.

|  |                   |
|--|-------------------|
| <b>Authorized By</b><br> | <b>06/07/2023</b> |
|--|-------------------|