Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000319370
specifications	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 06/09/23	Revision Page 1
guarantees go requirements. All shipment	esponses become a part of this numbered nods or services delivered meet or exceed es, shipping papers, invoices, and correscense Order Number.	numbered purchase order	Ship To:	1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 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: Email:	512/458-7442 invoices@dshs.texas.gov

Quantity

Purchaser:

UOM

Manning, Charles

Extended Amt

Due Date

PO Price

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

Inventory Item ID - Line Description

DELIVERY: 5-10 Working 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

Class/Item

AGENCY CONTACT: Lori Dye 806-783-6474 Lori.Dye@dshs.texas.gov

Line-Sch

Lori Dye 6302 Iola Avenue Lubbock, TX 79424 Deliver to HHSC back of building

HHSC BUYER: Charles Manning, CTCD 512-776-6840 charles.manning@hhs.texas.gov

VENDOR: 4imprint Chris Tease ctease@4imprint.com 877-446-7746 Ext. 8471

QUOTE 25219234

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 0000225786

Purchase Order

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Payment Terr	ms Freight Terms Prepaid & Allow	Ship V BEST	Via WAY	Pur	chase Order		HHSTX-3-0	ntch via Print 000319370
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		Date		Revision		Page 2		
guarantees goo requirements.	sponses become a part of this numbered plus or services delivered meet or exceed	numbered purcha	se order	Ship	то:		k:6302 Iola Ave UMAN SERVICES CO	OMMISSION
	s, shipping papers, invoices, and corres chase Order Number.	pondence must t	oe identified			Lubbock TX 79 United States	9424	
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States				То:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
					Fax: Email:	512/458-7442 invoices@dshs	.texas.gov	
				Dun	chaser:	Manning Cha	rlos	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	chaser:	Manning,Cha PO Price	Extended Amt	Due Date
]	Item # 160925 Family First Aid Kit - Red Commody	055-27	100.00	EA		14.89000	\$1,489.00	06/09/2023
(Code: 055-27				Sche	dule Total	\$1,489.00	
www.4imprint	int.com Oshkosh, WI 54901 com Ext. 8471 Phone							
					Item Total	for Line 1	\$1,489.00	
2-1	Set up Charge line 1	055-27	1.00	EA		45.00000	\$45.00	06/09/2023
					Sche	dule Total	\$45.00	
					Item Total	for Line 2	\$45.00	
1	Item #133822-RD Full Color Handheld Fan- Round Commodity Code: 031-41	031-41	500.00	EA		1.09000	\$545.00	06/09/2023
					Sche	dule Total	\$545.00	
					Item Total	for Line 3	\$545.00	
4-1	Set up Charge line 3	031-41	1.00	EA		45.00000	\$45.00	06/09/2023
					Sche	dule Total	\$45.00	

Item Total for Line 4 \$45.00

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			IIICTV 0 0000040070
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	F	HHSTX-3-0000319370
specifications, terms	rmal bid, Invitation for Offer, or, and conditions set forth in the	advertisement and vendor's	Date 06/09/23	Revision	Page 3
	es become a part of this numbere services delivered meet or excee		Ship To:	1899 - Lubbock:630 HEALTH & HUMA 6302 Iola Ave	02 Iola Ave AN SERVICES COMMISSION
All shipments, ship with our Purchase		respondence must be identified		Lubbock TX 79424 United States	
V J 120	01927105 9		Dall T.	Invoice DCHC Figgs	al Claima

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

D. J. Manadan Obania

				Purc	chaser: Manning,	Charles	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
5-1	Item #104187 - Tri-Function Blinking Light Commodity Code: 550-96	550-96	500.00	EA	1.65000	\$825.00	06/09/2023
					Schedule Total	\$825.00	
					Item Total for Line 5	\$825.00	
6-1	Set up Charge Line 5	550-96	1.00	EA	40.00000	\$40.00	06/09/2023
					Schedule Total	\$40.00	
					Item Total for Line 6	\$40.00	
7-1	tem #23680 - Elastic Wristband Hair Tie Commodity Code: 201-19	201-19	500.00	EA	.98000	\$490.00	06/09/2023
					Schedule Total	\$490.00	
					Item Total for Line 7	\$490.00	
8-1	Set up Charge line 7	201-19	1.00	EA	45.00000	\$45.00	06/09/2023
					Schedule Total	\$45.00	
					Item Total for Line 8	\$45.00	
9-1	Shipping and Handling	055-27	1.00	EA	155.44000	\$155.44	06/09/2023
					Schedule Total	\$155.44	
					Item Total for Line 9	\$155.44	
					Total PO Amount	\$3,679.44	

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST W		Purchase Order	HHSTX-3-000031937	
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and ven	Date 06/09/23	Revision P		
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:	1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 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: Email:	512/458-7442 invoices@dshs.texas.gov	
				Purchaser:	Manning,Charles	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Extended Amt Due Date	

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

Charles Mag

CTCD

06/22/2023