Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSI	X-3-0000321627	
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.			Date 07/12/23	Revision Page		
			Ship To:	1081 - Edinburg:2520 S Veterans Bl HEALTH & HUMAN SERVICES COMMISSION 2520 S Veterans Blvd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 960 Edinburg TX 78539 United States			
** * 10/	1027105.0		D. 111 T	T ' ITTIGG A		

Vendor: 1391837105 8

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

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: Franks, Kyler

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

items on order are for health fairs

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000233411

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT:

Name: Judy Sanchez / 956-316-8263 Email: Judy.Sanchez@hhs.texas.gov

HHSC terms and conditions attached

Purchaser Information: Name: Kyler Franks

Email Address: Kyler.franks@hhs.texas.gov

Vendor Information: Vendor Name: 4 Imprint Contact: Laura Wollerman Phone: 888-589-8772

Email: lwollerman@4imprint.com

Quote #: 24867767 / Date: 04/17/2023 / Valid Through: 08/03/2023

Freight terms are FOB Destination Prepaid and Allowed

110552-16 Event Stadium Cup - 16 oz.

Terms: Net 30

1-1 037-78 250.00 EA .82000 \$205.00 07/12/2023

Schedule Total _____ \$205.00

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Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Franks, Kyler Quantity **Due Date** Line-Sch **Inventory Item ID - Line Description** Class/Item **UOM** PO Price Extended Amt Item Total for Line 1 \$205.00 037-52 50.00000 \$50.00 07/12/2023 2-1 1.00 EA set up charge Schedule Total \$50.00 \$50.00 Item Total for Line 2 17.85000 3-1 962-86 1.00 EA \$17.85 07/12/2023 freight Schedule Total \$17.85 Item Total for Line 3 \$17.85 Total PO Amount

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

Jeghr Jambs , CTCD

07/12/2023