Purchase Order

Payment Ter	rms Freight Terms	Ship V	lie		2.	spaten via Frint
Net 30	Prepaid & Allow	BEST		Purchase Order	HHSTX-4	-0000323360
specifications	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	vertisement and ve	endor's	Date 09/01/23	Revision 1 - 7/28/2023	Page 1
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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICE 4601 W Guadalupe St Austin TX 78751 United States	S COMMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Klekar,Dorian Nogueira PO Price Extended A	amt Due Date

This Purchase order is contingent upon the availability of lawful apparitions by the Texas Legislature and may be cancelled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those actually ordered and received by the agency. Any funds not utilized by 08/31/2024 are automatically cancelled.

BLANKET PURCHASE ORDER

Confirmation Order - Do Not Duplicate

TERM: September 1, 2023, through August 31, 2024

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

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

DELIVERY: # 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

AGENCY CONTACT: Michelle Ornelas Black +1 (915) 629-3206 michelle.black@hhs.texas.gov

Ship to Attn: Sara Billela

HHSC BUYER: Dorian Klekar (512) 776-2991 dorian.klekar@hhs.texas.gov

VENDOR: 4IMPRINT INC Liz McGlenn 877-446-7746 Ext. 8434 800-355-5043 Imcglenn@4imprint.com

PURCHASING METHOD: SP/E Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

REQUIREMENTS/LIMITATIONS:

Dispatch via Print

Purchase Order

Dispatch via Print

N-4 20	Freight Terms	Ship Via				LUCTY / M	100333350
Net 30 If advertised by it	Prepaid & Allow nformal bid, Invitation for Offer, or Re	BEST WAY		Purchase Order Date	Revision	HHSTX-4-00	<u>JUU323360</u> Page
	rms, and conditions set forth in the adv		5	09/01/23	1 - 7/28/2023		raye 2
conforming respo	onses become a part of this numbered p	ourchase order. Contract	tor	Ship To:		111 W North Loop	
guarantees goods requirements.	or services delivered meet or exceed n	iumoered purchase orde	21			JMAN SERVICES CO	OMMISSION
All shipments, shipping papers, invoices, and correspondence must be identified			-	1111 W North Loop Austin TX 78756			
with our Purcha	se Order Number.				United States	•	
Vendor:	1391837105 8			Bill To:	Invoice-HHSC A	Accounting	
	4IMPRINT INC			2011 200	HEALTH & HU	JMAN SERVICES CO	MMISSION
	25303 NETWORK PL CHICAGO IL 606731253				4601 W Guadalu Austin TX 7875		
	United States				United States	1	
				F	510/404 (001		
				Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
				Purchaser:	Klekar,Dorian I		D. D. (
Line-Sch Inv	ventory Item ID - Line Description	Class/Item Qu	antity	UOM	PO Price	Extended Amt	Due Date
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Invoice per 34 T Requisition # 00 (Include for 1 Lc	FAC §20.487, amended effective M 000238902 ot POs) vill not order products on this PO tha	ay 1, 2022	·	the Texas Legislatur		DIR. Agency will not	order capital or
Invoice per 34 T Requisition # 00 (Include for 1 Lo Note: Agency w controlled asset 1-1	FAC §20.487, amended effective M 000238902 ot POs) vill not order products on this PO tha	ay 1, 2022 at are available from \	WorkQue	·		DIR. Agency will not \$3,678.50	order capital or 09/01/2023
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Invoice per 34 T Requisition # 00 (Include for 1 Lo Note: Agency w controlled asset 1-1 54(2-1	TAC §20.487, amended effective M D00238902 of POs) ill not order products on this PO that is on this PO. 08 Script Padfolio 08 Script Padfolio	ay 1, 2022 at are available from \ 037-84 3 037-84 3	WorkQue 350.00	EA Item Total EA Scho Item Total	nal Industries or I 10.51000 edule Total for Line 1 3.22000 edule Total	\$3,678.50 \$3,678.50 \$3,678.50 \$1,127.00 \$1,127.00 \$1,127.00	09/01/2023
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Purchase Order

Dispatch via Print

Payment Te		Ship V					itch via Prin
Net 30	Prepaid & Allow BEST WAY			Purchase Order	<u> </u>	HHSTX-4-0	
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 09/01/23	Revision 1 - 7/28/2023		Pag	
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					Austin TX 78756 United States		
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: Email:	512/424-6901 HHSC_AP@hhso	c.state.tx.us	
				Purchaser:	Klekar,Dorian N		
Line-Sch	Inventory Item ID - Line Description 103789 Wolverine Pen Metallic Blue/Black	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche	edule Total	\$3,900.00	
				Item Total	for Line 3	\$3,900.00	
4-1	Set Up Fee - Script Padfolio	963-57	1.00	EA	55.00000	\$55.00	09/01/2023
				Sche	edule Total	\$55.00	
				Item Total	for Line 4	\$55.00	
-1	Set Up Fee-Dominique Desk Calendar	963-57	1.00	EA	10.00000	\$10.00	09/01/2023
				Sche	edule Total	\$10.00	
				Item Total	for Line 5	\$10.00	
6-1	Shipping	962-57	1.00	EA	600.11000	\$600.11	09/01/2023
				Sche	edule Total	\$600.11	
				Item Total	for Line 6	\$600.11	
					O Amount	\$9,370.61	

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.

Purchase Order

Dispatch via Print Payment Terms Ship Via **Freight Terms** HHSTX-4-0000323360 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Revision Date Page specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/23 1 - 7/28/2023 4 conforming responses become a part of this numbered purchase order. Contractor 6694 - Austin:1111 W North Loop Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1111 W North Loop All shipments, shipping papers, invoices, and correspondence must be identified Austin TX 78756 with our Purchase Order Number. United States Vendor: 1391837105 8 Bill To: Invoice-HHSC Accounting 4IMPRINT INC HEALTH & HUMAN SERVICES COMMISSION 25303 NETWORK PL 4601 W Guadalupe St CHICAGO IL 606731253 Austin TX 78751 United States United States Fax: 512/424-6901 HHSC_AP@hhsc.state.tx.us Email: Klekar, Dorian Nogueira **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item UOM PO Price Extended Amt Due Date Quantity

Authorized	d By		
Dorion	Klexon,	CTCD	<u>07/28/2023</u>