Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			
Net 30	FOB Dest. Prepaid & Add	BEST WAY	Purchase Order	HH	STX-3-0000324770
specifications, terms,	mal bid, Invitation for Offer, or Requand conditions set forth in the advert	isement and vendor's	Date 08/07/23	Revision	Page 1
guarantees goods or s requirements.	s become a part of this numbered pure services delivered meet or exceed nun ping papers, invoices, and correspor Order Number.	nbered purchase order	Ship To:	2077 - Austin:909 W 45 HEALTH & HUMAN S 909 W 45th St (DHB) PO Box 149347 Bldg 2 Austin TX 78751 United States	5th St (DHB) SERVICES COMMISSION

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: Burns, Debra A

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

FY23 CLASS ITEM 037-52 966-42 962-86

SCOR HHSC Division Medical-and-Social-Services

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

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

DELIVERY: 5-15 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:

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO *** SHIP TO ATTN Esmeralda Miller 512-786-7740 esmeralda.miller@hhs.texas.gov CONTACT Jacqueline Maldonado 512-609-9898 jacqueline.maldonado@hhs.texas.gov

Accounts Payable contact information HHSC Invoices: HHSC_AP@hhsc.state.tx.us HHSC Payment Status Hotline: 512-438-4222 HHSC AP Manager: Joe Banda 512-438-4876

HHSC BUYER: Debra Burns, CTPM

Direct: 512) 406-2564 CELL 832-818-3936

Debra.Burns@hhs.texas.gov

VENDOR: VID 1391837105 VENDOR 4IMPRINT CONTACT Amanda LaSure PH 877-446-7746 Ext. 8711 EMAIL alasure@4imprint.com

TERMS NET 30

QUOTE 25529248 ***PROOF REQUIRED***

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS:

Purchase Order

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Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Vi BEST V		Purchase Orde	r	HHSTX-3-0	000324770
If advertised by in specifications, ter	nformal bid, Invitation for Offer, or Recoms, and conditions set forth in the adve	quest for Proposal ertisement and ver	; all ndor's	Date 08/07/23	Revision	TITIOTA O O	Page
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				Ship To:	2077 - Austin:909 W 45th St (DHB) HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St (DHB) PO Box 149347 Bldg 2 Austin TX 78751 United States		
with our Purchase Order Number.							
	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Invoice-HHSC A HEALTH & HU 4601 W Guadali Austin TX 7875 United States	JMAN SERVICES Co upe St	OMMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
				Purchaser:	Burns,Debra A		
Line-Sch Inv	rentory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
10'	Ifolio Imprinted-Deboss Logo 13" H x 'W x 1" D Zippered Closure Pedova n 111112	037-52	200.00		17.91000	\$3,582.00	08/31/2023
Polyurethane fabi Includes refillable Artwork Instructi	ase, Trim): Terra Cotta, Terra Cotta deboss		card sized po	ockets and slip pockets	-		oops,
				item 10ta	l for Line 1	\$3,582.00	
	vice Fee Setup Pedova Zippered Ifolio	966-42	1.00	LOT	65.00000	\$65.00	08/31/2023
				Scl	nedule Total	\$65.00	
				Item Tota	l for Line 2	\$65.00	
	vice Shipping-Freight Pedova pered Padfolio	962-86	1.00	LOT	207.90000	\$207.90	08/31/2023
				Scl	nedule Total	\$207.90	
				Item Tota	l for Line 3	\$207.90	

037-52

2000.00 EA

1.76000

\$3,520.00 08/31/2023

4-1

Purchase Order

Dispatch via Print

	FOB Dest. Prepaid & Add by informal bid, Invitation for Offer, or Req		WAY al; all	Purc Date	hase Order	Revision	HHSTX-3-00	000324770 Page
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				HEALT		3 Lustin:909 W 45th St (DHB) H & HUMAN SERVICES COMMISSION		
					909 W 45th St (DHB) PO Box 149347 Bldg 2 Austin TX 78751 United States			
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill T		Invoice-HHSO HEALTH & F 4601 W Guad Austin TX 78' United States	HUMAN SERVICES CC alupe St	OMMISSION
					Fax: Email:	512/424-6901 HHSC_AP@h	nhsc.state.tx.us	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purcl UOM	haser:	Burns,Debra PO Price	A Extended Amt	Due Date
	Tote Imprinted White Logo 13" x 12" Thunder Item 101326-1312							
100gsm non Artwork Ins Product Col- Imprint Colo	QTY PER COLOR: 1000 - Red , Red, 1000 - Royal Blue , Royal Blue 100gsm non-woven polypropylene, Dual 20" L Handles, Plastic bottom board Artwork Instructions Product Color (Base, Trim: Red , Red and Royal Blue , Royal Blue Imprint Colors: White							
Imprint Loc	ation: Fiont				Item Total fo	or Line 4	\$3,520.00	
5-1	Service Fee Setup Thunder Tote	966-42	1.00	LOT		40.00000	\$40.00	08/31/2023
					Sched	ule Total	\$40.00	
					Item Total fo	or Line 5	\$40.00	
6-1	Service Shipping-Freight Thunder Tote	962-86	1.00	LOT	2	260.82000	\$260.82	08/31/2023
					Sched	ule Total	\$260.82	
					Item Total fo	or Line 6	\$260.82	
					Total PO	Amount	\$7,675.72	

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.

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Payment Terr Net 30	reight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000324770
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 08/07/23	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:	2077 - Austin:909 W 45th St (DHB) HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St (DHB) PO Box 149347 Bldg 2 Austin TX 78751 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@hhsc.state.tx.us
			Purchaser:	Burns,Debra A

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

PO Price

Dera Event cros

UOM

Quantity

08/07/2023

Extended Amt Due Date