

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000328143
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 09/07/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

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

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 General Goods

Spot Purchase Open Market
SP/E

Requisition #: HHSTX-4-0000240639

Requester Name: Melissa Maddox
Phone #: (210) 531-7357
Email: Melissa.Maddox@hhs.texas.gov

SME/Lead Contact: Alex Rivera, 210-531-7779, Alexandria.Rivera@hhs.texas.gov

Purchaser Name: Ron Connell
Phone #: 512-406-2666
Email: ron.connell@hhs.texas.gov

Vendor Name: 4Imprint Inc - 1391837105
Contact: Kimberly Machmueller
Phone #: 866-213-1639
Email: kmachmueller@4imprint.com

Goods and/or services are to be delivered and invoiced after September 1, 2023.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Quotation: 25724468

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1	Protector Hand Sanitizer - 1 oz. Item # 157185-1	165-14	600.00	EA	1.17000	\$702.00	09/14/2023
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Schedule Total \$702.00

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

Vendor: 1391837105 8
4IMPRINT INC
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1						\$702.00	
2-1	Set-Up Charge and Freight	962-86	1.00	LOT	92.84000	\$92.84	09/14/2023
Schedule Total						\$92.84	
Item Total for Line 2						\$92.84	
Total PO Amount						\$794.84	

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



09/07/2023