Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via
Net 30	Prepaid & Allow	BEST WAY

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Purchase Order **HHSTX-4-0000330462**

Date	Revision	Page
10/11/23		1

Ship To: 1901 - Tyler:2521 W Front St
DEPARTMENT OF STATE HEALTH SERVICES
2521 W Front St
Tyler TX 75702
United States

Vendor: 1341724833 6
CASAD COMPANY INC
DBA TOTALLY PROMOTIONAL
450 S 2ND ST
COLDWATER OH 458281803
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

Purchaser: Reyes,Jeffrey Alexander

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

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

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

DELIVERY: 14 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:
Mary Collins
mary.collins@dshs.texas.gov
903.533.5264

HHSC BUYER:
Jeffrey Reyes CTCD
Jeffrey.reyes@hhs.texas.gov

VENDOR:
1341724833
CASAD Company Inc.,
Contact: Sarah Connair
sconnair@totallypromotional.com
1-866-551-0514 x209

QUOTE Q1815558

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. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 244163

1-1	Table Covers -QTY. 10 Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	2.00	EA	200.05000	$400.10	10/27/2023

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	$400.10	
					Item Total for Line 1	$400.10	
2-1	Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	195.05000	$195.05	10/27/2023
					Schedule Total	$195.05	
					Item Total for Line 2	$195.05	
3-1	CORE-Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	145.05000	$145.05	10/27/2023
					Schedule Total	$145.05	
					Item Total for Line 3	$145.05	
4-1	IMM. -Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	195.05000	$195.05	10/27/2023
					Schedule Total	$195.05	
					Item Total for Line 4	$195.05	
5-1	PHEP-Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	195.05000	$195.05	10/27/2023
					Schedule Total	$195.05	
					Item Total for Line 5	$195.05	

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Purchaser: Reyes,Jeffrey Alexander

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
6-1	HIV-Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	195.05000	$195.05	10/27/2023
					Schedule Total	$195.05	
					Item Total for Line 6	$195.05	
7-1	EPI- Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	225.05000	$225.05	10/27/2023
					Schedule Total	$225.05	
					Item Total for Line 7	$225.05	
8-1	ZOO- Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	225.05000	$225.05	10/27/2023
					Schedule Total	$225.05	
					Item Total for Line 8	$225.05	
9-1	TB- Table Covers -QTY. 10 ¿ Logo and Program Name printed -6' Form Fitted-FullColor on front, CAS176	578-83	1.00	EA	225.05000	$225.05	10/27/2023
					Schedule Total	$225.05	
					Item Total for Line 9	$225.05	
					Total PO Amount	$2,000.50	

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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

Jeffrey A Reyes, CTCD

10/11/2023