# Health and Human Services Commission

# Purchase Order

**Dispatch via Print**

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

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.

**All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.**

**Purchase Order** **HHSTX-4-0000331184**

| Date | Revision | Page |
|---|---|---|
| 10/19/23 | | 1 |

**Ship To:** 5030 - Terrell:1200 E Brin
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

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

**Bill To:** Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

**Email:** DSHS.TSHBusinessOffice@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:
Regional Contract Manager: Stephany VanBolden
RCM Phone: 972-551-8563
RCM Email: stephany.vanbolden@hhs.texas.gov

SME Agency Contact: TAMBRIN RIVERS
SME Agency Contact phone: 972-551-8262
SME Agency Contact email: tambrin.rivers@hhs.texas.gov

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

VENDOR:
VENDOR: 4IMPRINT INC.
VID: 13918371058
VENDOR ADDRESS:2503 NETWORK PL CHICAGO, IL 60673-1253
VENDOR CONTACT: ERIN HARRIS SPECIAL ORDERS CUSTOMER SERVICE
VENDOR PHONE: 1-877-446-7746, EXT 8702
VENDOR EMAIL:EHARRIS@4IMPRINT.COM

Informal IFB # 241937
Quote: 25755297

PURCHASING METHOD: OM/F
Texas Government Code 2156.063
Not to Exceed $25,000

REQUIREMENTS/LIMITATIONS:
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

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

# Health and Human Services Commission

# Purchase Order

**Dispatch via Print**

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

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.

**All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.**

**Purchase Order** **HHSTX-4-0000331184**

| Date | Revision | Page |
|---|---|---|
| 10/19/23 | | 2 |

**Ship To:** 5030 - Terrell:1200 E Brin
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

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

**Bill To:** Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Reyes,Jeffrey Alexander

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|---|---|---|---|---|---|---|---|
| Requisition 241937 | | | | | | | |
| 1-1 | Hanes Perfect Sweats Hoodie - Screen / ITEM#: 162536-S / COLOR: CHARCOAL HEATHER / ARTWORK COLOR: WHITE / QTY:950 / | 037-43 | 950.00 | EA | 13.67000 | $12,986.50 | 11/02/2023 |
| | | | | | **Schedule Total** | $12,986.50 | |
| TOTAL NUMBER OF PIECES: 950<br>SIZES:<br>SMALL: 64<br>MEDIUM: 120<br>LARGE: 254<br>1XL: 245<br>2XL: 153<br>3XL: 76<br>4XL: 23<br>5XL: 15<br>TOTAL: 950 | | | | | | | |
| | | | | | **Item Total for Line 1** | $12,986.50 | |
| 2-1 | ONE TIME SET UP CHARGE (1ST COLOR) | 037-43 | 1.00 | LOT | 40.00000 | $40.00 | 11/02/2023 |
| | | | | | **Schedule Total** | $40.00 | |
| | | | | | **Item Total for Line 2** | $40.00 | |
| 3-1 | EXPEDITED SHIPPING AND FREIGHT | 037-43 | 1.00 | LOT | 673.31000 | $673.31 | 11/02/2023 |
| | | | | | **Schedule Total** | $673.31 | |
| | | | | | **Item Total for Line 3** | $673.31 | |

# Health and Human Services Commission

# Purchase Order

**Dispatch via Print**

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

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.

**All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.**

**Purchase Order** **HHSTX-4-0000331184**

| Date | Revision | Page |
|---|---|---|
| 10/19/23 | | 3 |

**Ship To:** 5030 - Terrell:1200 E Brin
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

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

**Bill To:** Terrell SH Whse
HEALTH & HUMAN SERVICES COMMISSION
1200 E Brin
PO Box 70
Terrell TX 75160
United States

**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Reyes,Jeffrey Alexander

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

**Total PO Amount** $13,699.81

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

**10/23/2023**