Department of State Health Services

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-4-0000333221**

Date	Revision	Page
11/14/23		1

Ship To: 1899 - Lubbock:6302 Iola Ave
HEALTH & HUMAN SERVICES COMMISSION
6302 Iola Ave
Lubbock TX 79424
United States

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

Exempt Reason: N/A

Purchaser: Ogle,Tracie L

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:
Lori Dye
Lori.dye@dshs.texas.gov
806-783-6474

Ship To:
6302 Iola Avenue
Lubbock, TX 79424
Bldg/Floor/Cubicle: Deliver to HHSC back of building

HHSC BUYER:
Tracie Ogle, CTCD, CTCM
512-776-2326
Tracie.ogle@hhs.texas.gov

VENDOR:
Contact Info
4Imprint
Erin Jungwirth
ejungwirth@4imprint.com
101 Commerce St, PO Box 320, Oshkosh, WI 54901
www.4imprint.com
1-877-446-7746 Phone
1-877-368-4947 Fax

QUOTE: 25536304

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

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PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Exempt Reason: N/A

Purchaser: Ogle,Tracie L

Requisition: 0000246646

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Item 2212 Serged Closed-Back Table Throw-6' Color: Royal Blue Imprint Location: front center Color: full color	966-86	1.00	EA	165.00000	$165.00	11/28/2023
					Schedule Total	$165.00	
					Item Total for Line 1	$165.00	
2-1	Shipping and Handling	962-86	1.00	EA	9.54000	$9.54	11/28/2023
					Schedule Total	$9.54	
					Item Total for Line 2	$9.54	
					Total PO Amount	$174.54	

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

Tracie Ogle, CTCD

11/14/2023