

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-4-0000336561
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 01/12/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 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

Exempt Reason: N/A

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

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

DELIVERY: 2-3 weeks 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 AND SHIP TO:

Claudia Sifuentes 915-534-5352
6700 Delta Dr, El Paso, TX 79905
claudia.sifuentes@hhs.texas.gov

HHSC BUYER:

Ron Connell, CTCD
Ron.Connell@hhs.texas.gov
512-406-2666

Vendor Name: 4Imprint Inc - 1391837105

Contact: Alexandra Didio
Phone #: 877-446-7746 Ext. 7008
Email: adidio@4imprint.com
Quotation: 26432658

PURCHASING METHOD: SP/E

Not to Exceed \$10,000.00

Delivery Days ARO

Terms Net 30
Shipping/Freight Terms FOB Destination Prepaid Add

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 #0000251868

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			Ship To: 5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES COMMISSION 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States

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Exempt Reason: N/A

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Wave Slingpack - Screen Black, #111353-S	200-11	300.00	EA	6.59000	\$1,977.00	01/26/2024
Schedule Total						\$1,977.00	
Item Total for Line 1						\$1,977.00	
2-1	Set up Fee Charge	200-11	1.00	LOT	55.00000	\$55.00	01/26/2024
Schedule Total						\$55.00	
Item Total for Line 2						\$55.00	
3-1	Freight	962-86	1.00	LOT	154.94000	\$154.94	01/26/2024
Schedule Total						\$154.94	
Item Total for Line 3						\$154.94	
Total PO Amount						\$2,186.94	

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

Reef.

01/12/2024