## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-4-	0000337509	
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			<b>Date</b> 01/30/24	Revision Pa		
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.		Ship To:	0125 - Grand Prairie:801 S State H HEALTH & HUMAN SERVICES COMMISSION 801 S State Highway 161 PO Box 532089 Grand Prairie TX 75051 United States			
Vendor: 139	91837105 8		Bill To:	Invoice-HHSC Financial Service		

4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

801 S State Highway 161 PO Box 532089 Grand Prairie TX 75051

United States

972/337-6257 Fax:

**Email:** Reg03\_AP@hhsc.state.tx.us

Exempt Reason: N/A

Purchaser: Alexander, Leslie L 512/406-2424 Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price **Extended Amt** Due Date

FY24 Purchase

Procurement Type: SP/E

Requisition #: 0000252689

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

AGENCY CONTACT: SHIP TO ATTN:

Name: Mike Self / (972) 337-6274 Email: michael.self@hhs.texas.gov

HHSC terms and conditions attached.

Purchaser Information: Name: Leslie Alexander Phone #: 512-406-2424

Email Address: Leslie.Alexander@hhs.texas.gov

Vendor Information: Vendor Name: 4 Imprint Contact: Erin Jungwirth Phone: 877-446-7746 ext. 8122 Email: ejungwirth@4imprint.com

Value Click Pens

QUOTE #: 26600040 / Date: 01/29/2024 / Account #: 4565020

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

5000.00 EA .21000 620-80 \$1,050.00 02/05/2024 1-1

> Schedule Total \$1,050.00 Item Total for Line 1 \$1,050.00

## **Health and Human Services Commission**

## **Purchase Order**

						Dispa	tch via Print
Payment Terms Net 30	Prepaid & Allow	<b>Ship V</b> BEST	WAY	Purchase Order		HHSTX-4-0	000337509
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.				<b>Date</b> 01/30/24	Revision	Revision	
				Ship To:	0125 - Grand Prairie:801 S State H HEALTH & HUMAN SERVICES COMMISSION 801 S State Highway 161 PO Box 532089 Grand Prairie TX 75051 United States		
	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 801 S State Highway 161 PO Box 532089 Grand Prairie TX 75051 United States		OMMISSION
				Fax: Email:	972/337-6257 Reg03_AP@hl	hsc.state.tx.us	
Exempt Reason	n: N/A			Purchaser:	Alexander,Le	slie L 5	12/406-2424
Line-Sch In	nventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1 Sh	hipping Cost	963-39	1.00	EA	110.54000	\$110.54	02/05/2024
						¢110.54	
				Sch	edule Total	\$110.54	

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

Leslie Henry, CTP

01/30/2024

\$1,160.54

Total PO Amount