Purchase Order

Dispatch via Print

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Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000339330		
If advertised by inf specifications, term	If advertised by informal bid, Invitation for Offer, or Request for Propo specifications, terms, and conditions set forth in the advertisement and		Date 02/23/24	Revision		Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		Ship To:	T132 - Arlington:1200 E Copeland R HEALTH & HUMAN SERVICES COMMISSION 1200 E Copeland Rd PO Box 200697 Ste 310 Arlington TX 76011 USA			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
4) 10 0	dor: 1943419039 3 4IMPRINT CORPORATE PROGRAMS LLC 101 COMMERCE ST OSHKOSH WI 549014864 USA		Bill To:	Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMIS 4601 W Guadalupe St Austin TX 78751 USA		DMMISSION
			Fax: Email:	512/424-6901 HHSC_AP@hhs	c.state.tx.us	
Exempt Reason: 1	N/A		Purchaser:	Burns,Debra A		
Line-Sch Inve	entory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
SCORHHSC Div SHIPPING INST FREIGHT: F.O.B DELIVERY: 5-15 Delivery hours ar AGENCY CONT, ***PACKING LIS SHIP TO ATTN V WAREHOUSE D Ship to Attn: Vick	T REQUIRED TO SHOW PO NUMBE /ickie Polk (817) 792-4539 vickie.pol /ELIVERY	JE DATES specified on th PM Monday - Friday exce ER AND ATTN CONTAC	ept designated State I	Holidays		
Mail Invoices: 4601 W. Guadalu Fax: 512-424-690	e contact information upe St. Austin, Tx 78751 01 voices: HHSC_AP@hhsc.state.tx.us-0	Correct				
HHSC BUYER: Debra Burns, CT Direct: 512) 406 Debra.Burns@ht	-2564 CELL					

VENDOR: VID 1943419039 VENDOR 4IMPRINT CORPORATE PROGRAMS LLC CONTACT Kimberly Machmueller PHONE 866-213-1639 EMAIL kmachmueller@4imprint.com

TERMS NET 30

QUOTE 26661650 ***PROOF REQUIRED*** Art On File: previous order 24703706-2 Date: 3/22/2023

Purchase Order

Payment Ter	me Froight Towns	Ch: 17:	n				
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				Fax: Email:	512/424-6901 HHSC_AP@hhsc.:	state.tx.us	
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ne-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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HOUR NO DD polyest "H x 14" V twork Instru- blors: White coduct Colo t On File: p 24. The ite	does not match quote itties, amount PO is within 0.20 of quot NG METHOD: SP/E ed \$10,000.00 IENTS/LIMITATIONS: contingent upon the continued availabil 34 TAC §20.487, amended effective M 0000255575 Tote Fun IMPRINTED White LOGO Black-Black Screen Item 105488-S OT REQUIRED er, Handles Dual 26" length, Zippered clos W x 5" D ructions Imprint e Imprint ont Pocket r (Base, Trim) Black,Black previous order 24703706-2 Date: 3/22/202	ity of lawful appro lay 1, 2022 037-52 sure to main compa 3These items will b ng the conference.	800.00 rtment, Fron be used durin	EA Sche at slip pocket, Side mesh	e. FY2024 funding. 3.26500 dule Total pocket, Split ring to poquality Care Confe	\$2,612.00 \$2,612.00 the base of handle rence held on April	03/08/2024 Size
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Dispatch via Print Ship Via **Payment Terms Freight Terms** HHSTX-4-0000339330 Net 30 FOB Dest. Prepaid & Add BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 02/23/24 3 conforming responses become a part of this numbered purchase order. Contractor T132 - Arlington: 1200 E Copeland R Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1200 E Copeland Rd All shipments, shipping papers, invoices, and correspondence must be identified PO Box 200697 with our Purchase Order Number. Ste 310 Arlington TX 76011 USA 1943419039 3 Invoice-HHSC Accounting Vendor: Bill To: 4IMPRINT CORPORATE PROGRAMS LLC HEALTH & HUMAN SERVICES COMMISSION 101 COMMERCE ST 4601 W Guadalupe St OSHKOSH WI 549014864 Austin TX 78751 USA USA Fax: 512/424-6901 HHSC_AP@hhsc.state.tx.us Email: Exempt Reason: N/A Burns, Debra A **Purchaser:** Line-Sch **Inventory Item ID - Line Description** Class/Item **Ouantity** UOM PO Price Extended Amt Due Date Schedule Total \$45.00 \$45.00 Item Total for Line 2 3-1 962-86 1.00 LOT 291.65000 \$291.65 03/08/2024 Freight-Shipping Fun Tote per Quote Schedule Total \$291.65 \$291.65 Item Total for Line 3 4-1 037-52 650.00 EA 1.00800 \$655.20 03/08/2024 Lanyard Polyester Imprinted Pantone Blue LOGO 3/4 Metal Bulldog Clip Color White-Silver Item 111559-34-MBD Schedule Total \$655.20 Size 32" L x 3/4" W Artwork Instructions Imprint Colors: Pantone Reflex Blue C Imprint Location: Front - Left Right Product Color (Base, Trim): White, Silver Art On File: previous order 24703706-2 Date: 3/22/2023These items will be used during the annual Pathway to Quality Care Conference held on April 6, 2024. The items will be used with the participants during the conference. Most efficient cost - Cost is lower than items through Texas Smart Buy.. The lanyards and pens are re-orders and do not require a new setup fee. 4Imprint Quote attached. Quote includes coupon of 10% discount for each item, resulting in total of \$3825.52 instead of 4214.97. An increased savings of \$389.45. Item Total for Line 4 \$655.20 5-1 962-86 1.00 LOT 12.26000 \$12.26 03/08/2024 Freight-Shipping Lanyard \$12.26 Schedule Total \$12.26 Item Total for Line 5 6-1 037-52 650.00 EA .29700 \$193.05 03/08/2024

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Purchase Order HH	Order HHSTX-4-0000339330
Date Revision 02/23/24	
	PO Box 200697 Ste 310 Arlington TX 76011
	Austin TX 78751
Fax:512/424-6901Email:HHSC_AP@hhsc.state.	
Purchaser: Burns, Debra A	Burns Debra A
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Schedule Total	Schedule Total \$193.05
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Item Total for Line 6	Total for Line 6 \$193.05
1.00 LOT 16.56000	16.56000 \$16.56 03/08/2024
1.00 LOT 16.56000	16.56000 \$16.56 03/08/2024 Schedule Total \$16.56
1.00 LOT 16.56000	Schedule Total\$16.56

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

02/23/2024