Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Terms | Freight Terms | Ship Via | | | |
|--|-----------------|-------------------------------|----------------------|--|--------------------|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | | HHSTX-4-0000340751 |
| 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 03/13/24 | Revision | Page 1 |
| | | | Ship To: | 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop | |
| All shipments, ship with our Purchase | | espondence must be identified | | Austin TX 7875 United States | 1 |
| | | | _ | | |

Vendor: 1391837105 8 Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

> HHSC_AP@hhsc.state.tx.us **Email:**

Exempt Reason: N/A

Purchaser: Reyes, Jeffrey Alexander Line-Sch **UOM Inventory Item ID - Line Description** Class/Item Quantity 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

4IMPRINT INC 25303 NETWORK PL

United States

CHICAGO IL 606731253

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT: Susan Pierce susan.pierce@hhs.texas.gov

+1 (512) 380-4987

HHSC BUYER:

Jeff Reyes CTCD, CTCM Jeffrey.reyes@hhs.texas.gov

VENDOR:

VENDOR: 4IMPRINT INC.

VID: 13918371058

VENDOR ADDRESS:2503 NETWORK PL CHICAGO, IL 60673-1253

VENDOR CONTACT: Laura Schmitz

VENDOR PHONE: 1-877-446-7746 Ext. 8519 VENDOR EMAIL: Ischmitz@4imprint.com

Quote: 26874612

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

Requisition 250384

200-74 41.95000 1-1 3.00 EA \$125.85 03/13/2024

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| | | | Ship To: | 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States | |
| Vendor: | 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States | | Bill To: | Invoice-HHSC Accounting HEALTH & HUMAN SERVIO 4601 W Guadalupe St Austin TX 78751 United States | CES COMMISSION |

Fax:

512/424-6901 HHSC_AP@hhsc.state.tx.us Email:

Exempt Reason: N/A

| | | | | Purc | chaser: Reyes,Jeff | rey Alexander | |
|---------------|---|------------|----------|------|-----------------------|---------------|-----------------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| | | | | | Schedule Total | \$125.85 | |
| 3 - Medium | : White, Pearlized White | | | | Item Total for Line 1 | \$125.85 | |
| 2-1 | Command Snag Protection Polo - Ladies' Item #139495-L | 200-74 | 6.00 | EA | 30.25000 | \$181.50 | 03/13/2024 |
| | | | | | Schedule Total | \$181.50 | |
| 1 - Large : V | : White, White Vhite, White tra Large : White, White | | | | Item Total for Line 2 | \$181.50 | |
| 3-1 | Blue Generation Snag Resistant Wicking Polo - Men's Item #116280-M | 200-74 | 1.00 | EA | 37.75000 | \$37.75 | 03/13/2024 |
| | | | | | Schedule Total _ | \$37.75 | |
| 1 - Large : E | llack, Black | | | | Item Total for Line 3 | \$37.75 | |
| 4-1 | FREIGHT | 962-86 | 1.00 | LOT | 29.21000 | \$29.21 | 03/13/2024 |
| | | | | | Schedule Total | \$29.21 | |
| | | | | | Item Total for Line 4 | \$29.21 | |
| | | | | | Total PO Amount | \$374.31 | |

Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment To | 9 | Ship Vi | | | | HHSTX-4-00 | 000240754 | |
|---|--|------------|---|----------------|---|---------------|-----------|--|
| Net 30 | Prepaid & Allow | BEST V | | Purchase Order | | ППЭ I X-4-00 | | |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all | | | | Date | Revision Pa | | | |
| | ns, terms, and conditions set forth in the adv | 03/13/24 | | | | | | |
| | responses become a part of this numbered p | Ship To: | 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION | | | | | |
| | goods or services delivered meet or exceed a | • | | | | | | |
| requirements. | | | | | 1111 W North Loop Austin TX 78756 United States | | | |
| All shipments, shipping papers, invoices, and correspondence must be identified | | | | | | | | |
| with our Purchase Order Number. | | | | | | | | |
| Vendor: | 1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States | | | Bill To: | Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSIO 4601 W Guadalupe St Austin TX 78751 United States | | | |
| | | | | Fax: Email: | 512/424-6901 HHSC_AP@hhs | c.state.tx.us | | |
| Exempt Re | | | | Purchaser: | Reyes,Jeffrey A | | | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date | |

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

03/13/2024