

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000341081
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 03/18/24
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 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
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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: 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:
Dora Reyna
Dora.reyna@dshs.texas.gov

Purchase Contact
Marisol Tijerina
marisol.tijerina@dshs.texas.gov
806-477-1100

Shipto
3407 Pony Express Way
Amarillo, TX 79118
Bldg/Floor/Cubicle: Deliver to South Entrance (Overhead Door)

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

VENDOR:
4IMPRINT, INC.
SHAY FREUND
sfreund@4imprint.com
25303 NETWORK PL,
CHICAGO, IL 60673-1253
101 COMMERCE ST,
OSHKOSH, WI 54901-4864
4imprint.com
1391837105
877-446-7746 EXT. 7254
800-355-5043

QUOTE: 26743065

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 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
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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: 0000259136

1-1	PUSH POP FIDGET GAME - SQUARE; ITEM NUMBER: 161678-SQ; PRODUCT COLOR (BASE, TRIM): LIME GREEN, LIME GREEN; IMPRINT LOCATION: TOP; IMPRINT: LOGO AND TEXT; IMPRINT COLOR: BLACK; THERE IS NO SET-UP CHARGE ON QUOTATION;	037-52	200.00	EA	3.35000	\$670.00	04/01/2024
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Schedule Total \$670.00
Item Total for Line 1 \$670.00

2-1	SHIPPING AND HANDLING FOR LINE 1	962-24	1.00	EA	48.38000	\$48.38	04/01/2024
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Schedule Total \$48.38
Item Total for Line 2 \$48.38

3-1	ULTRA SOFT HOT/COLD PACK; ITEM NUMBER: 125595; PRODUCT COLOR (BASE, TRIM): BLUE, BLUE; IMPRINT LOCATION: FRONT; IMPRINT: LOGO AND TEXT; IMPRINT COLOR: BLACK; THERE IS NO SET-UP CHARGE ON QUOTATION;	037-52	200.00	EA	3.17000	\$634.00	04/01/2024
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 3
			Ship To: 5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALTH SERVICES 3407 Pony Express Way Amarillo TX 79118 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
					Schedule Total	\$634.00	
					Item Total for Line 3	\$634.00	
4-1	SHIPPING AND HANDLING FOR LINE 3	962-24	1.00	EA	89.11000	\$89.11	04/01/2024
					Schedule Total	\$89.11	
					Item Total for Line 4	\$89.11	
Total PO Amount						\$1,441.49	

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 <i>Tracie Ogle, (FCD)</i>	03/18/2024
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