Purchase Order

Dispatch via Print

	Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order	HHSTX-4-0000341	698
-	If advertised by is specifications, ter	nformal bid, Invitation for Offer, or Requ rms, and conditions set forth in the advert	est for Proposal; all isement and vendor's	Date 03/25/24		Page 1
	guarantees goods requirements. All shipments, sl	onses become a part of this numbered pure or services delivered meet or exceed num hipping papers, invoices, and corresponse Order Number.	nbered purchase order	Ship To:	1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States	
	, endor	1943419039 3 4IMPRINT CORPORATE PROGRAMS 101 COMMERCE ST OSHKOSH WI 549014864 United States	LLC	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ES
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Exempt Reason: N/A

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY24 CLASS ITEM 037-52 966-42 962-86

SCOR DSHS Division RLHO

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

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

DELIVERY: 10-15 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:

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO *** SHIP TO ATTN Belinda A Garza 956-423-0130 belindaa.garza@dshs.texas.gov Contact- Fernando Castillo (956) 423-0130 fernando.castillo@dshs.texas.gov 601 Sesame Dr Harlingen, Texas78550

Accounts Payable contact information DSHS Invoices: Invoices@dshs.texas.gov;

DSHS Payment Status: Payments@dshs.texas.gov DSHS AP Manager: Felica Poston 512-776-2288

HHSC BUYER: Debra Burns, CTPM

Direct: 512) 406-2564 CELL 832-818-3936

Debra.Burns@hhs.texas.gov

VENDOR: VID 1943419039 VENDOR 4IMPRINT CORPORATE PROGRAMS LLC CONTACT Jackie Butler PHONE 877-446-7746 Ext. 8658 EMAIL jbutler@4imprint.com

TERMS NET 30

QUOTE 26691635 ARTWORK TO BE PROVIDED BY REQUESTER, QUOTE 26736900 ARTWORK, QUOTE 26730826 DSHS LOGO, QUOTE 26751721 DSHS LOGO
PROOF REQUIRED

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

Purchase Order

						Dispa	tch via Print
Payment Te Net 30	rms Freight Terms FOB Dest. Prepaid & Add	Ship V BEST		Purchase Orde	r	HHSTX-4-0	000341698
specifications	by informal bid, Invitation for Offer, or Reqs, terms, and conditions set forth in the adver-	rtisement and ve	endor's	Date 03/25/24	Revision		Page 2
guarantees go requirements All shipmen	esponses become a part of this numbered pu bods or services delivered meet or exceed nu ts, shipping papers, invoices, and correspondences.	mbered purchas	e order	Ship To:	DEPARTMEN 601 W Sesamo Harlingen TX		H SERVICES
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAMS LLC 101 COMMERCE ST OSHKOSH WI 549014864 United States			United States Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States			1 SERVICES
				Fax: Email:	512/458-7442 invoices@dsh		
Exempt Rea	son: N/A			Purchaser:	Burns,Debra	Α	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition	Pencil Mechanical Imprinted FULL COLOR IMAGE Mini Translucent Item 100496 ***REQUISITION 0000256622***	and 0000257 [*] 037-52	1000.00	EA Sch	.52550 edule Total	\$525.50 \$525.50	04/12/2024
QTY 200 PE Artwork Instr Product Colo	, Retractable, Rubber grip, Eraser, matches g R COLOR Gray/Black, Gray/ Light Blue, G ructions r (Base, Trim): See Below,See Below Impri rs: To Be Determined	ray/ Light Green	n, Gray/Orang		er is removable to	refill lead, not included	
1				Item Tota	for Line 1	\$525.50	
2-1	Pen Stylus Imprinted FULL COLOR IMAGE Twist MopTopper Junior Item 140587 ***REQUISITION 0000256622***	037-52	1000.00	EA	1.48300	\$1,483.00	04/12/2024
				Sch	edule Total	\$1,483.00	
QTY 500 EA Artwork Instr Imprint Loca Imprint Colo	tion(s): As shown	Click-action, M	ed-point, blac		for Line 2	\$1,483.00	
3-1	Tote Lunch Cooler Imprinted White NEED LOGO Crosby Item 150209 ***REQUISITION 0000256622***	037-52	1000.00	EA	1.60550	\$1,605.50	04/12/2024

Purchase Order

Dispatch via Print

			1		Dispatch via i filit	
Payment Te Net 30	FOB Dest. Prepaid & Add	Ship Via BEST WAY	Purchase Order	ı	HHSTX-4-0000341698	
specification	by informal bid, Invitation for Offer, or Rens, terms, and conditions set forth in the adv	ertisement and vendor's	Date 03/25/24	Revision Pa		
guarantees g requirements All shipmen	responses become a part of this numbered p goods or services delivered meet or exceed n s. ats, shipping papers, invoices, and corresp archase Order Number.	umbered purchase order	Ship To:	601 W Sesame Dr DF STATE HEALTH SERVICES 50		
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAM 101 COMMERCE ST OSHKOSH WI 549014864 United States	AS LLC	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
			Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov	
Exempt Rea	ason: N/A		Purchaser:	Burns,Debra A		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

Schedule Total \$1,605.50

Outer Material 80gsm non-woven polypropylene, Foam insulation, Foil lining, Zippered main compartment, Slip pocket to front, Dual 19.5" carry handles, Size: 11" H x 13" W x 4.75" D

QTY 500 PER COLOR: Black/Dark Grey, Red/Dark Gray

Artwork Instructions

Product Color (Base, Trim): See Below,See Below

Imprint Location: Front Pocket

Imprint Colors: White

Imprint Col	ors: White				Item Total for Line 3	\$1,605.50		
4-1	FEE IMPRINT SET-UP ***REQUISITION 0000256622***	966-42	1.00	LOT	130.00000	\$130.00	04/12/2024	
					Schedule Total	\$130.00		
					Item Total for Line 4	\$130.00		
5-1	SHIPPING-FREIGHT PER QUOTE ***REQUISITION 0000256622***	962-86	1.00	LOT	397.26000	\$397.26	04/12/2024	
					Schedule Total	\$397.26		
					Item Total for Line 5	\$397.26		
6-1	Bag Plastic 13"x 10" Imprinted Full Color IMAGE-MESSAGE 3 Mil Frosted Black Soft Loop Shopper Item 1062- 1310-F ***REQUISITION 0000257194***	037-52	500.00	EA	1.02200	\$511.00	04/12/2024	
					Schedule Total	\$511.00		
No 2 HDP, Fused soft-loop handles, Cardboard bottom insert Artwork Instructions Product Color (Base, Trim): Frost Black,Frost Black Imprint Location: Front Imprint Colors: White								
тирин сог	ois. Witte				Item Total for Line 6	\$511.00		

Purchase Order

Dispatch via Print

Payment Te Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship V BEST		Pur	chase Order		HHSTX-4-0	000341698
specification	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			Dat		Revision		Page 4
guarantees g requirements All shipmen	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.						lingen:601 W Sesame Dr IENT OF STATE HEALTH SERVICES IME Dr IX 78550	
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAM: 101 COMMERCE ST OSHKOSH WI 549014864 United States	S LLC		Bill	To:	Invoice-DSHS F DEPARTMENT 1100 W 49th St PO Box 149347 Austin TX 7875 United States	r of state healt! (RBB)	H SERVICES
					Fax: Email:	512/458-7442 invoices@dshs.t	texas.gov	
Exempt Rea	ason: N/A			Pur	chaser:	Burns,Debra A		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date
7-1	Notebook Set Clear View Imprinted Full Color IMAGE-MESSAGE purple Mini Item 126792 ***REQUISITION 0000257194***	037-52	500.00	EA		1.24000	\$620.00	04/12/2024
					Sche	dule Total	\$620.00	
Size: 4-1/8" Artwork Ins	or (Base, Trim): Translucent Purple.Translucention: Front		e lined paper, I	Dual pen		for Line 7	\$620.00	c ink,
8-1	Water Bottle Plastic 20oz Imprinted Full Color IMAGE-MESSAGE Translucent Red Shoreline Item 147935-T ***REQUISITION 0000257194***	037-52	500.00	EA	Sche	.90700 dule Total	\$453.50 \$453.50	04/12/2024
No 1 PET pl	astic, Lid: No 5 PP plastic, Screw-on lid with	push/pull spou	it					
Imprint Loca	or (Base, Trim): Translucent Red, Translucent ation: Both Sides	Red						
Imprint Colo	ors: white				Item Total i	for Line 8	\$453.50	
9-1	FEE IMPRINT Set-up charge ***REQUISITION 0000257194***	966-42	1.00	LOT		175.00000	\$175.00	04/12/2024
					Sche	dule Total	\$175.00	
					Item Total i	for Line 9	\$175.00	
10-1	SHIPPING-FREIGHT PER QUOTE ***REQUISITION 0000257194***	962-86	1.00	LOT		226.50000	\$226.50	04/12/2024
					Sche	dule Total	\$226.50	

Purchase Order

Dispatch via Print

Payment To	erms Freight Terms	Ship V	/io	ı			Dispa	itch via Print	
Net 30	FOB Dest. Prepaid & Add	BEŜT	WAY	Pu	rchase Order		HHSTX-4-0	0003 <u>4</u> 1698	
specification	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the adver	rtisement and ve	endor's	Da		Revision		Page 5	
conforming guarantees g requirements All shipmer	responses become a part of this numbered pu goods or services delivered meet or exceed nu	rchase order. Co imbered purchas	ontractor se order		DEPA 601 V Harlii		907 - Harlingen:601 W Sesame Dr EPARTMENT OF STATE HEALTH SERVICES 01 W Sesame Dr arlingen TX 78550 nited States		
Vendor:	1943419039 3 4IMPRINT CORPORATE PROGRAM 101 COMMERCE ST OSHKOSH WI 549014864 United States	S LLC	LLC		DE 110 PO Au		Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		
					Fax: Email:	512/458-7442 invoices@dshs	.texas.gov		
Exempt Rea					rchaser:	Burns,Debra			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
					Item Total fo	r Line 10	\$226.50		
11-1	Lip Moisturizer Beeswax Imprinted Black DSHS LOGO Arch Item 156215- A	037-52	2000.00	EA		.54650	\$1,093.00	04/12/2024	
	REQUISITION 0000257248					dule Total	\$1,093.00		
QTY 250 PE Artwork Ins Product Cole	Oil and Beeswax, Plastic tube cap, Closure: Pu ER COLOR-FLAVOR: Lilac/Berry, Lilac/ Ci tructions or (Base, Trim}: See Below,See Below Impri ors: Full Color	itrus, Lilac/ Pep	permint, Lilac		redients, Size: 2-	.5/8" H x 1/2" D	ia	ı	
imprint con	ois. I un color				Item Total fo	r Line 11	\$1,093.00		
12-1	FEE IMPRINT Set-up Charge ***REQUISITION 0000257248***	966-42	1.00	LOT		50.00000	\$50.00	04/12/2024	
					Scheo	dule Total	\$50.00		
					Item Total fo	r Line 12	\$50.00		
13-1	SHIPPING -FREIGHT PER QUOTE ***REQUISITION 0000257248***	962-86	1.00	LOT		105.50000	\$105.50	04/12/2024	
					Scheo	dule Total	\$105.50		
						r Line 13			
14-1	Keychain Wrist Strap Silicone Imprinted White DSHS LOGO Push Pop Fidget Item 163072 ***REQUISITION 0000257709***	037-52	1000.00	EA		1.75000	\$1,750.00	04/12/2024	
					Scheo	dule Total	\$1,750.00		
		675" 11 1"	***						

Purchase Order

Dispatch via Print

Payment To Net 30	Freight Terms FOB Dest. Prepaid & Add	Ship V BEST V		Purchase Order		HHSTX-4-00	00341698
If advertised specification	by informal bid, Invitation for Offer, or Recast, terms, and conditions set forth in the adve	Date 03/25/24	Revision Page 1907 - Harlingen:601 W Sesame Dr DEPARTMENT OF STATE HEALTH SERVICES 601 W Sesame Dr Harlingen TX 78550 United States				
guarantees g		Ship To:					
	nts, shipping papers, invoices, and corresp archase Order Number.						
Vendor:	Vendor: 1943419039 3 4IMPRINT CORPORATE PROGRAMS LLC 101 COMMERCE ST OSHKOSH WI 549014864 United States			Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIOR 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States		I SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
Exempt Rea	ason: N/A			Purchaser:	Burns,Debra A		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Artwork Ins	ER COLOR: Black/Silver, Blue/Silver, Lime tructions or (Base, Trim): See Below.See Below Impr		Ü	urple/Silver 100 Red/Si	lver, Yellow/Silver,	Rainbow/Silver	

Imprint Col	ors: White				Item Total for Line 14	\$1,750.00	·
15-1	FEE IMPRINT Set-up charge ***REQUISITION 0000257709***	966-42	1.00	LOT	50.00000	\$50.00	04/12/2024
					Schedule Total	\$50.00	
					Item Total for Line 15	\$50.00	
16-1	Shipping-Freight per Quote ***REQUISITION 0000257709***	962-86	1.00	LOT	32.93000	\$32.93	04/12/2024
					Schedule Total	\$32.93	
					Item Total for Line 16	\$32.93	
					Total PO Amount	\$9,208.69	

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

aris Leven Lack

03/25/2024