Department of State Health Services

Purchase Order

Dispatch via Print

Payment Term Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-0	000342178
specifications,	v informal bid, Invitation for Offer, or Iterms, and conditions set forth in the act	lvertisement and vendor's	Date 03/28/24	Revision	Page 1
	ponses become a part of this numbered ds or services delivered meet or exceed		Ship To:	5750 - Amarillo:3407 Pony Express DEPARTMENT OF STATE HEALT 3407 Pony Express Way	'H SERVICES
	shipping papers, invoices, and corre hase Order Number.	spondence must be identified		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 HEALT 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	'H SERVICES
			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

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: 26835567

Department of State Health Services

Purchase Order

Dispatch via Print

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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. 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 invoices@dshs.texas.gov Exempt Reason: N/A Purchaser: Ogle, Tracie L	Net 30	Prepaid & Allow			Purchase Order		ППЭ 1 Л-4-00	
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25303 NETWORK PL CHICAGO IL 606731253 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov Exempt Reason: N/A Purchaser: Ogle, Tracie L	conforming guarantees requirement All shipme with our Po	responses become a part of this numbered progoods or services delivered meet or exceed nots. nts, shipping papers, invoices, and correspondence Order Number. 1391837105 8	urchase order. Co umbered purchase	e order	Ship To:	DEPARTMENT (3407 Pony Expres Amarillo TX 7911 United States Invoice-DSHS Fis	OF STATE HEALTF ss Way 18 scal Claims	
Exempt Reason: N/A Purchaser: Ogle, Tracie L		25303 NETWORK PL CHICAGO IL 606731253				1100 W 49th St (F PO Box 149347 Austin TX 78756		I SERVICES
Purchaser: Ogle, Tracie L							xas.gov	
Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date	Exempt Re	eason: N/A			Purchaser:	Ogle,Tracie L		
	Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

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: 0000262719

110 400000							
1-1	PRESENTATION FOLDER; ITEM NUMBER: 104105; PRODUCT COLOR; PURPLE; IMPRINT: TEXT; IMPRINT COLOR: WHITE; LOCATION: FRONT;	037-52	200.00	EA	3.66300	\$732.60	04/11/2024
					Schedule Total	\$732.60	
					Item Total for Line 1	\$732.60	
2-1	BANDAGE DISPENSER; ITEM NUMBER: 6054-T-N; PRODUCT COLOR: TRANSLUCENT PURPLE, NATURAL; IMPRINT: TEXT; IMPRINT COLOR: WHITE; LOCATION: FRONT;	037-52	500.00	EA	.78300	\$391.50	04/11/2024
					Schedule Total	\$391.50	
					Item Total for Line 2	\$391.50	
3-1	WOLVERINE STYLUS PEN - METALLIC: ITEM NUMBER: 103789-	037-52	300.00	EA	.80100	\$240.30	04/11/2024

WOLVERINE STYLUS PEN METALLIC; ITEM NUMBER: 103789ST-MET; PRODUCT COLOR:
METALLIC PURPLE, BLACK;
IMPRINT: TEXT; IMPRINT COLOR:
WHITE; LOCATION: BARRELBESIDE CLIP;

Department of State Health Services

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Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Orde	r	HHSTX-4-00	000342178
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guarantees go requirements. All shipments	sponses become a part of this numbered p ods or services delivered meet or exceed n s, shipping papers, invoices, and corresp chase Order Number.	umbered purchas	se order	Ship To:			H SERVICES
Vendor:	1391837105 8 4IMPRINT INC 25303 NETWORK PL CHICAGO IL 606731253 United States			Bill To:	Invoice-DSHS DEPARTMEN' 1100 W 49th N PO Box 14934' Austin TX 787' United States	T OF STATE HEALTH t (RBB) 7	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.	.texas.gov	
Exempt Reas	on: N/A			Purchaser:	Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sch	nedule Total	\$240.30	
				Item Tota	l for Line 3	\$240.30	
4-1	SHIPPING AND HANDLING FOR LINE 1, LINE 3, AND LINE 5	962-24	1.00	EA	154.52000	\$154.52	04/11/2024
				Sch	nedule Total	\$154.52	

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	
Tracie Ogh, CTCD	
, ,	03/28/2024

Item Total for Line 4

Total PO Amount