Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-4-00003422	262	
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			Date 04/01/24	Revision	Page 1	
guarantees g requirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed ts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	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 SERVICE 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	S	
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov		
Exempt Rea	ason: N/A					

Quantity

Purchaser:

UOM

Ogle, Tracie L

Extended Amt

Due Date

PO Price

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

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

Inventory Item ID - Line Description

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

Class/Item

AGENCY CONTACT: Dora Reyna

Line-Sch

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: 26850698

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Net 30	Prepaid & Allow	BEST V	WAY	Purchase Order	HHSTX-4-0000342262
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	ns, terms, and conditions set forth in the adv		04/01/24	2	
guarantees g requirements All shipmen	responses become a part of this numbered p goods or services delivered meet or exceed n s. nts, shipping papers, invoices, and corresp archase Order Number.	numbered purchase	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: Email:	512/458-7442 invoices@dshs.texas.gov
Exempt Rea	ason: 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: 0000263008

1-1	RAZZLE JOTTER WITH PEN; ITEM NUMBER: 107782; PRODUCT COLOR: PURPLE; IMPRINT: TEXT; IMPRINT COLOR: WHITE; LOCATION: FRONT;	037-52	200.00	EA	1.52100	\$304.20	04/15/2024
					Schedule Total	\$304.20	
					Item Total for Line 1	\$304.20	
2-1	STICKY BOOK; ITEM NUMBER: 9950; PRODUCT COLOR: PURPLE, IMPRINT: TEXT; IMPRINT COLOR: WHITE; LOCATION: FRONT COVER;	037-52	300.00	EA	1.92600	\$577.80	04/15/2024
					Schedule Total	\$577.80	
					Item Total for Line 2	\$577.80	
3-1	SOUVENIR DESIGNER STICKY NOTE; ITEM NUMBER: 102449-25-S; COLOR: LILAC, STRIPES-25 SHEET; IMPRINT: TEXT; IMPRINT COLOR: PANTONE PURPLE; LOCATION: TOP;	037-52	250.00	EA	.78300	\$195.75	04/15/2024
					Schedule Total	\$195.75	

Item Total for Line 3

\$195.75

Department of State Health Services

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				1		Dispa	tch via Print
Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST	V ia WAY	Purchase Ord	der	HHSTX-4-00	000342262
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				Date 04/01/24	Revision		Page 3
				Ship To:	DEPARTMENT 3407 Pony Expi	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 I DEPARTMEN' 1100 W 49th St PO Box 149347 Austin TX 7875 United States	Γ OF STATE HEALTH (RBB)	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.	texas.gov	
Exempt Rea	ison: N/A			Purchaser:	Ogle,Tracie L		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
4-1	SHIPPING AND HANDLING	962-24	1.00	EA	113.75000	\$113.75	04/15/2024
				s	chedule Total	\$113.75	
				Item To	tal for Line 4	\$113.75	

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	
Iracie Agh, CTCD	04/01/2024
	<u>04/01/2024</u>

Total PO Amount

\$1,191.50