Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Burchasa Ordan	HHSTX-4-0000342827
If advertised specifications	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		Purchase Order Date 04/05/24	Revision Page
guarantees go requirements All shipmen	esponses become a part of this numbere bods or services delivered meet or excee ts, shipping papers, invoices, and corr rchase Order Number.	d 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 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	son: 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

Dora.reyna@dshs.texas.gov

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

Shipto

Line-Sch

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: 26835342

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guarantees g requirements All shipmen	responses become a part of this numbered proods or services delivered meet or exceed n s. tts, shipping papers, invoices, and corresprehase Order Number.	umbered purchase	e order	Ship To:			H SERVICES	
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		H SERVICES	
				Fax: Email:	512/458-7442 invoices@dshs.te	xas.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: 0000262968

1-1	SMALL TISSUE PACKET; ITEM NUMBER: 116314; PRODUCT COLOR: PURPLE, WHITE; IMPRINT: TEXT; IMPRINT COLOR: GREEN; LOCATION: LABEL;	037-52	500.00	EA	.71100	\$355.50	04/20/2024
					Schedule Total	\$355.50	
					Item Total for Line 1	\$355.50	
2-1	MINI HOT/COLD PACK - TEDDY BEAR; ITEM NUMBER: 137081-TB; PRODUCT COLOR: MULTICOLOR; IMPRINT: TEXT; IMPRINT COLOR: PANTONE 267C PURPLE; LOCATION: FRONT;	037-52	250.00	EA	1.57500	\$393.75	04/20/2024
					Schedule Total	\$393.75	
					Item Total for Line 2	\$393.75	
3-1	SIDEKECK SHORTY - TRICERATOPS; ITEM NUMBER: 133733-TRI; PRODUCT COLOR: PURPLE/BLUE; IMPRINT: TEXT; IMPRINT COLOR: WHITE; LOCATION: T-SHIRT;	037-52	200.00	EA	4.80600	\$961.20	04/20/2024

Schedule Total _____

\$961.20

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Payment Terms

Freight Terms

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Net 30	Prepaid & Allow	BEST	WAY	Purcha	se Order	HHSTX-4-0	000342827		
specification	d by informal bid, Invitation for Offer, or Reconst, terms, and conditions set forth in the adversariance.	ertisement and ve	endor's	Date 04/05/2	Revisior 24	1	Page 3		
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.				Ship To	DEPART 3407 Pon Amarillo	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:	DEPART	X 78756	H SERVICES		
				Fa: En		7442 Odshs.texas.gov			
Exempt Re	eason: N/A			Purcha	ser: Ogle,Tra	cie L			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price		Due Date		
				I	tem Total for Line 3	\$961.20			
4-1	WOLVERINE STYLUS PEN - METALLIC; ITEM NUMBER: 103789- ST-MET; PRODUCT COLOR: METALLIC GREEN, BLACK; IMPRINT: TEXT; IMPRINT COLOR: WHITE; LOCATION: BARREL- BESIDE CLIP;	037-52	300.00	EA	.80100	\$240.30	04/20/2024		
					Schedule Total	\$240.30			
				I	tem Total for Line 4	\$240.30			
5-1	SHIPPING AND HANDLING	962-24	1.00	EA	95.99000	\$95.99	04/20/2024		
					Schedule Total	\$95.99			
				1	tem Total for Line 5	\$95.99			

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 Agh, CTCD

04/05/2024