

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000344590</b>
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.			<b>Date</b> 04/23/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1
			<b>Ship To:</b> 1899 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 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:** Vasquez Iii, Richard

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

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

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

DELIVERY: 10 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

**VENDOR INFO:**  
4imprint  
PO Box 320  
Oshkosh, WI 54901  
Chris Tease  
Email: ctease@4Imprint.com  
Phone No.: 877-446-7746 Ext. 8471  
Fax No.: 800-355-5043

**Purchase Contact**  
Lori Dye  
Lori.dye@dshs.texas.gov  
806-783-6474

**Invoice/Payment Contact (DSHS Internal Only)**  
Jennifer Davis  
HSR01.Budget@dshs.texas.gov  
806-783-6471

**Ship to**  
6302 Iola Avenue  
Lubbock, TX 79424  
Bldg/Floor/Cubicle: Deliver to HHSC back of building

**HHSC BUYER:**  
Richard Vasquez  
richard.vasqueziii@hhs.texas.gov  
512-639-7327

QUOTE 26824160

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**Email:** invoices@dshs.texas.gov

**Exempt Reason:** N/A

**Purchaser:** Vasquez Iii, Richard

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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 #0000261368

1-1	Item #133651-14 Custom Flat Flexible Magnet - 13.1 - 14 SQ IN	605-41	1000.00	EA	.47000	\$470.00	04/23/2024
<b>Schedule Total</b>						\$470.00	
<b>Item Total for Line 1</b>						\$470.00	
2-1	Set up Charge	605-41	1.00	EA	10.00000	\$10.00	04/23/2024
<b>Schedule Total</b>						\$10.00	
<b>Item Total for Line 2</b>						\$10.00	
3-1	Shipping	962-24	1.00	EA	46.33000	\$46.33	04/23/2024
<b>Schedule Total</b>						\$46.33	
<b>Item Total for Line 3</b>						\$46.33	
<b>Total PO Amount</b>						\$526.33	

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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**



**04/24/2024**