**Purchase Order**

**UNT Health Science Center**  
UNT System Business Service Center  
Denton TX 76205  
United States

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**Supplier:** 0000044204  
Your Pest Control Company  
PO Box 136086  
Fort Worth TX 76136-0086  
United States

**Ship To:** This is not a valid Purchase Order. This document is reproduced for reporting purposes only.

**Attention:** Facilities Admin  
**Bill To:** UNT System Business Service Center  
Send Invoices to: invoices@untsystem.edu  
1112 Dallas Dr., Ste. 4000  
Denton TX 76205  
United States

**Payment Terms:** 30 days  
**Freight Terms:** Dest. prepay & add  
**Ship Via:** GROUND

<table>
<thead>
<tr>
<th>Line-Sch</th>
<th>Item/Description</th>
<th>Tax Exempt ID:</th>
<th>Mfg ID</th>
<th>Quantity</th>
<th>UOM</th>
<th>PO Price</th>
<th>Extended Amt</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 1</td>
<td>Change order #1 adding $6000 in additional funds to finish out the year. FY 19 Your Pest Control Company - Pest Control for Campus Wide Use, to include 1405 May St. Period Covering 9/1/2018 through 8/31/2019.</td>
<td></td>
<td></td>
<td>1.00</td>
<td>EA</td>
<td>21120.29</td>
<td>21120.29</td>
<td>08/31/2019</td>
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**Schedule Total**  
21120.29

**Item Total**  
21120.29

**Total PO Amount**  
21120.29

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**CHANGE ORDER**

<table>
<thead>
<tr>
<th>Purchase Order</th>
<th>Date</th>
<th>Revision</th>
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<tbody>
<tr>
<td>HS763-0000146821</td>
<td>09-26-2018</td>
<td>1 - 2019-07-22</td>
</tr>
</tbody>
</table>

**Buyer**  
**Vendor**

**Supplier:** 0000044204  
Your Pest Control Company  
PO Box 136086  
Fort Worth TX 76136-0086  
United States

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**Authorized Signature**