



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
 Denton TX 76205  
 United States

		Dispatch Via Email
<b>Purchase Order</b> HS763-0000157129	<b>Date</b> 07-16-2020	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Roys,Jill Kathryn	<b>Phone/ Email</b> 940/369-5500 Jill.Roys@untsystem.edu	<b>Currency</b>

**Supplier:** 0000001281  
 Covetrus North America  
 PO Box 734579  
 Chicago IL 60673-4579  
 United States

**Ship To:** This is not a valid  
 Purchase Order.  
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**Attention:** N Tx Eye  
 Research Institute

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

Line- Sch	Item/Description	Tax Exempt ID: Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	Proparacaine Hydrochloride Ophthalmic Solution/ # 068926		3.00	EA	27.50	82.50	07/20/2020
<b>Schedule Total</b>						<u>82.50</u>	
2 - 1	Order fee		1.00	EA	10.00	10.00	07/20/2020
<b>Schedule Total</b>						<u>10.00</u>	
3 - 1	10 mL Vacutainer Blood Collection Tubes, Red Closure/ # 000259		1.00	EA	19.20	19.20	07/20/2020
<b>Schedule Total</b>						<u>19.20</u>	
4 - 1	Heparin Sodium Injection / # 055737		1.00	EA	8.07	8.07	07/20/2020
<b>Schedule Total</b>						<u>8.07</u>	
5 - 1	Tropicamide Ophthalmic Solution/ # 071929		2.00	EA	7.18	14.36	07/20/2020
<b>Schedule Total</b>						<u>14.36</u>	
<b>Total PO Amount</b>						<span style="border: 1px solid black; padding: 2px;">134.13</span>	

**Authorized Signature**