



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
 Denton TX 76205  
 United States

		Dispatch Via Email
<b>Purchase Order</b> HS763-0000160456	<b>Date</b> 04-27-2021	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Laduke,Rebecca A	<b>Phone/ Email</b> 940/369-5500 Rebecca. Laduke@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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 purposes only.

**Attention:** Inst for CV &  
 Metabolic Dis

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

Tax Exempt?	Line-Sch	Item/Description	Tax Exempt ID: Mfg ID	Quantity	UOM	Replenishment Option: Standard PO Price	Extended Amt	Due Date
	1 - 1	Item # 061035, XYLAZINE INJECTION, 100 mg/ml, 50 ml PVL each		1.00	EA	24.59	24.59	04/26/2021
<b>Schedule Total</b>							<u>24.59</u>	
	2 - 1	ITEM #: 071069, KETAMINE HCL, 100 MG/ML, 10 ML C3N PVL EACH		1.00	EA	6.11	6.11	04/26/2021
<b>Schedule Total</b>							<u>6.11</u>	
	3 - 1	Freight		1.00	EA	10.00	10.00	04/26/2021
<b>Schedule Total</b>							<u>10.00</u>	
<b>Total PO Amount</b>							<span style="border: 1px solid black; padding: 2px;">40.70</span>	

Authorized Signature