



Purchase Order

UNT Health Science Center

UNT System Business Service Center
 Denton TX 76205
 United States

		Dispatch Via Email
Purchase Order	Date	Revision
HS763-0000161613	09-01-2021	
Payment Terms	Freight Terms	Ship Via
30 days	Dest, prepay & add	GROUND
Buyer	Phone/ Email	Currency
Roys,Jill Kathryn	940/369-5500 Jill.Roys@untsystem.edu	

Supplier: 0000004697
 Metroplex Infectious
 Disease
 6100 Harris Pkwy Ste 1210
 Fort Worth TX 76132
 United States

Ship To: This is not a valid
 Purchase Order.
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 purposes only.

Attention: Correctional
 Medicine

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?		Tax Exempt ID:	Replenishment Option: Standard				
Line- Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	FY 22 Blanket PO for FMC Fort Worth provider services from 9-1-21 to 8-31- 22. Must pay within 7 business days of EOB date per contract terms.		1.00	EA	500.00	500.00	07/23/2021

Schedule Total 500.00

Total PO Amount 500.00

Authorized Signature