



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
 Denton TX 76205  
 United States

		<b>Dispatch Via Email</b>
<b>Purchase Order</b>	<b>Date</b>	<b>Revision</b>
HS763-0000161720	09-01-2021	
<b>Payment Terms</b>	<b>Freight Terms</b>	<b>Ship Via</b>
30 days	Dest, prepay & add	GROUND
<b>Buyer</b>	<b>Phone/ Email</b>	<b>Currency</b>
Roys,Jill Kathryn	940/369-5500 Jill.Roys@untsystem.edu	

**Supplier:** 0000000086  
 Fort Worth Eye Center  
 5000 Collinwood  
 Fort Worth TX 76107  
 United States

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

**Replenishment Option:** Standard

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	DO NOT SEND PO FY22 SEND PAYMENT INFO TO ADDRESS ON EOB ONLY Department/Vendor contact Belinda Wales 817-735-7704 belinda.wales@unthsc.edu FY22 Blanket PO for FMC Carswell provider services from 9-1-21 to 8-31-22 Must pay within 5 business days of EO	1.00	EA	30000.00	30000.00	07/27/2021

**Schedule Total** 30000.00

**Total PO Amount** 30000.00

**Authorized Signature**