



# 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> HS763-0000161743	<b>Date</b> 09-01-2021	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Roys,Jill Kathryn	<b>Phone/ Email</b> 940/369-5500 Jill.Roys@untsystem.edu	<b>Currency</b>

**Supplier:** 0000010219  
Sage Anesthesia  
Management LLC  
PO Box 842622  
Dallas TX 75284-2622  
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	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	50.00	50.00	07/27/2021

**Schedule Total** 50.00

**Total PO Amount** 50.00

**Authorized Signature**