



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
 Denton TX 76205  
 United States

		Dispatch Via Email
<b>Purchase Order</b> HS763-0000161979	<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:** 0000011919  
 Medical Associates of North  
 Texas  
 PO Box 271600  
 Flower Mound TX 75027  
 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:**  
**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	50.00	50.00	08/05/2021

**Schedule Total** 50.00

**Total PO Amount** 50.00

**Authorized Signature**