



# 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> HS763-0000162101	<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:** 0000000667  
Vascular and Vein Center  
PA  
PO BOX 33434  
FORT WORTH TX 76162-3434  
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	5000.00	5000.00	08/12/2021

**Schedule Total** 5000.00

**Total PO Amount** 5000.00

**Authorized Signature**