



# 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> HS763-0000164446	<b>Date</b> 03-21-2022	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Laduke,Rebecca A	<b>Phone/ Email</b> 940/369-5500 Rebecca. Laduke@untsystem.edu	<b>Currency</b>

**Supplier:** 0000010683  
Medical City Arlington  
3301 Matlock Rd  
Arlington TX 76015  
United States

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

**Attention:** Office of the  
Dean-Pharmacy

**Bill To:** UNT System Business  
Service Center  
Send Invoices to:  
invoices@untsystem.edu  
1112 Dallas Dr., Ste.  
4000  
Denton TX 76205  
United States

**TCM Contract #:** 2022-0946

**Tax Exempt?**

**Tax Exempt ID:**  
Mfg ID

**Replenishment Option:** Standard

Line- Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	Resident's Monthly Salary/Benefits	1.00	AN	9328.00	9328.00	03/21/2022

**Schedule Total** 9328.00

**Total PO Amount** 9328.00

**Authorized Signature**