## Purchase Order

**Supplier:** 0000001281  
Covetrus North America  
PO Box 734579  
Chicago IL 60673-4579  
United States

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

**Attention:** Institute for Healthy Aging

**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?
- **Line-Sch:** 1  
- **Item/Description:** 61035 Xylazine injection, 100MG/ML  
  50ML PVL

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<th>Line-Sch</th>
<th>Item/Description</th>
<th>Mfg ID</th>
<th>Quantity</th>
<th>UOM</th>
<th>PO Price</th>
<th>Extended Amt</th>
<th>Due Date</th>
</tr>
</thead>
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<td>61035 Xylazine injection, 100MG/ML 50ML PVL</td>
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<td>EA</td>
<td>24.95</td>
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<td>05/18/2022</td>
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**Schedule Total**  
24.95

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**Schedule Total**  
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**Total PO Amount**  
36.95

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**Authorized Signature**