**Purchase Order**

<table>
<thead>
<tr>
<th>Line-Sch</th>
<th>Item/Description</th>
<th>Tax Exempt ID</th>
<th>Quantity</th>
<th>UOM</th>
<th>PO Price</th>
<th>Extended Amt</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 1</td>
<td>DO NOT SEND PO FY23 SEND PAYMENT INFO TO ADDRESS ON EOB ONLY Department/Vendor contact Belinda Wales 817-735-7704 <a href="mailto:belinda.wales@unthsc.edu">belinda.wales@unthsc.edu</a> FY 23 Blanket PO for FMC Carswell provider services from 9-1-22 to 8-31-23. Dept: UNT Health, 350501 User: Bel</td>
<td></td>
<td>1.00</td>
<td>EA</td>
<td>30000.00</td>
<td>30000.00</td>
<td>07/27/2022</td>
</tr>
</tbody>
</table>

**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

**Supplier:** 0000002036 Prostheticare LP
7241 Hawkins View Dr
Fort Worth TX 76132
United States

**Buyer:** Morales, Gabriel Adrian
Phone/ Email
940/369-5500
Gabriel.Morales@untsystem.edu

**Payment Terms**
1 Day Pay
Dest. prepay & add

**Freight Terms**

**Ship Via**
GROUND

**Tax Exempt?**

**Tax Exempt ID:**

**Replenishment Option:** Standard

**Schedule Total** 30000.00

**Total PO Amount** 30000.00

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**UNT Health Science Center**
UNT System Business Service Center
Denton TX 76205
United States

Dispatch Via Email
HS763-0000165844
09-01-2022

Authorized Signature