**Purchase Order**

**Supplier:** 0000034386  
University of Hawaii  
2440 Campus Rd  
Box 368  
Honolulu HI 96822-2234  
United States

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

**Attention:** Inst for Health Disparities

**Bill To:**  
UNT System Business Service Center  
Send Invoices to: invoices@untsystem.edu  
1112 Dallas Dr., Ste. 4200  
Denton TX 76205  
United States

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**Schedule Total**

25000.00

**Total PO Amount**

25000.00