**Purchase Order**

<table>
<thead>
<tr>
<th>Purchase Order</th>
<th>Date</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS763-0000167227</td>
<td>11-17-2022</td>
<td></td>
</tr>
</tbody>
</table>

**Payment Terms**
- 1 Day Pay
- Freight Terms: Dest. prepay & add
- Ship Via: GROUND

**Buyer**
- Laduke, Rebecca A
- Phone/Email: 940/369-5500
  - Rebecca.Laduke@untsystem.edu

**Supplier:** 0000011965
- TX Health Harris Methodist FW
- 1301 Pennsylvania Ave
- Fort Worth TX 76104
- United States

**Ship To:**
- This is not a valid Purchase Order.
- This document is reproduced for reporting 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. 4200
- Denton TX 76205
- United States

**Tax Exempt?**
- Yes

**Tax Exempt ID:** Replenishment Option: Standard

<table>
<thead>
<tr>
<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>
<tbody>
<tr>
<td>1 - 1</td>
<td>Methodist Southlake Medical Center 1 Student Shana Morrison Block 1-3</td>
<td></td>
<td>1.00</td>
<td>EA</td>
<td>600.00</td>
<td>600.00</td>
<td>11/16/2022</td>
</tr>
</tbody>
</table>

**Schedule Total**
- 600.00

**Total PO Amount**
- 600.00

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**Authorized Signature**