## Purchase Order

**Supplier:** 0000036174  
Jackson Laboratory  
610 Main Street  
Bar Harbor ME 04609-1526  
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. 4200  
Denton TX 76205  
United States

<table>
<thead>
<tr>
<th>Line-Sch</th>
<th>Item/Description</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>000686 SJL/J Female</td>
<td>25.00</td>
<td>EA</td>
<td>63.12</td>
<td>1578.00</td>
<td>01/17/2023</td>
</tr>
<tr>
<td></td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Schedule Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>1578.00</strong></td>
<td></td>
</tr>
<tr>
<td>2 - 1</td>
<td>Transport Container</td>
<td>3.00</td>
<td>EA</td>
<td>16.75</td>
<td>50.25</td>
<td>01/17/2023</td>
</tr>
<tr>
<td></td>
<td><strong>Schedule Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>50.25</strong></td>
<td></td>
</tr>
<tr>
<td>3 - 1</td>
<td>Shipping</td>
<td>1.00</td>
<td>EA</td>
<td>198.00</td>
<td>198.00</td>
<td>01/17/2023</td>
</tr>
<tr>
<td></td>
<td><strong>Schedule Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>198.00</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total PO Amount</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>1826.25</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Supplier Phone/Email:**  
940/369-5500  
Rebecca.Laduke@untsystem.edu

**Dispatch Via Email:**

**Purchase Order Date Revision:** HS763-0000167735 01-17-2023

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

**Buyer Phone/Email:**  
**Currency:**

**Authorized Signature**