## Purchase Order

**Supplier:** 0000027253  
Catalyst Health Rx  
855 Montgomery St Ste 150  
Fort Worth TX 76107  
United States

**Ship To:**  
This is not a valid Purchase Order.  
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### 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

### Line-Sch  
**Item/Description:**  
(Catalyst Health Rx)  
Student: Jan 23: Daass  
**Mfg ID:**  
**Tax Exempt ID:**  
**Replenishment Option:** Standard

<table>
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<tr>
<th>Line-Sch</th>
<th>Item/Description</th>
<th>Mfg ID</th>
<th>Tax Exempt?</th>
<th>Tax Exempt ID</th>
<th>Quantity</th>
<th>UOM</th>
<th>PO Price</th>
<th>Extended Amt</th>
<th>Due Date</th>
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<tbody>
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<td>1 - 1</td>
<td>(Stellus Health RX) (Catalyst Health RX)</td>
<td></td>
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<td>1.00</td>
<td>EA</td>
<td>150.00</td>
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<td>05/02/2023</td>
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**Schedule Total**  
150.00

**Total PO Amount**  
150.00

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**Authorized Signature**