



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
Denton TX 76205  
United States

CHANGE ORDER - REPRINT		Dispatch Via Print
<b>Purchase Order</b> HS763-HS00001066	<b>Date</b> 10-04-2023	<b>Revision</b> 1 - 2024-09-19
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Morales,Gabriel Adrian	<b>Phone/ Email</b> 940/369-5500 Gabriel. Morales@untsystem.edu	<b>Currency</b>

**Supplier:** 0000002430  
MCKESSON MEDICAL-  
SURGICAL GOVERNMENT  
SOL  
PO Box 936279  
Atlanta GA 31193-3027  
United States

**Ship To:** This is not a valid  
Purchase Order.  
This document is  
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**Attention:** Jessica Powers

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

**Excise Registration Code:** 2023-1029

Tax Exempt?	Line- Sch	Item/Description	Tax Exempt ID: Mfg ID	Quantity	UOM	Replenishment Option: Standard PO Price	Extended Amt	Due Date
	1 - 1	Peds Mobile Clinic Supply		1.00	EA	10000.00	10000.00	10/04/2023
<b>Schedule Total</b>							<u>10000.00</u>	
<b>Total PO Amount</b>							<input type="text" value="10000.00"/>	

Authorized Signature