

UNT Health Science Center UNT System Business Service Center				DUPLICATE				Di	<b>Dispatch Via Print</b>		
				Purchase Order			Date		Revision		
Denton TX 76205 United States				HS763-HS00002937			09-01-2023	09-01-2023			
			Payment Terms 30 days			Freight Terms Dest, prepay & add		<b>Ship Via</b> GROUND			
				Buyer Morales,Gabriel Adrian			Phone/ Email 940/369-5500 Gabriel. Morales@untsystem.edu		Currency		
	Supplier: 000002154 Acclaim Physician Group Inc Attn: Accliam Finance 200 W Magnolia Ave Ste 201 Fort Worth TX 76104 United States	Ship To:	This is not Purchase This docu reproduce purposes	Order. ment is d for rep		ention: D	r. David Farmer	Bill To:	Service C Send Invo invoices@	vuntsystem.edu as Dr., Ste. K 76205	
	xempt?	Tax Exempt ID:						Replenishment Option			
Line- Sch	Item/Description	Mfg ID			Quantity	UOM	PO Pri	ce Exte	nded Amt	Due Date	
1 - 1	Farmer - CAP - RA00030				1.00	EA	555645.	00 5	55645.00	03/06/2024	
						Schedule Total			555645.00		

**Total PO Amount** 

555645.00