



# 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-HS00003171	<b>Date</b> 09-01-2023	<b>Revision</b> 1 - 2025-01-30
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Laduke,Rebecca A	<b>Phone/ Email</b> 940/369-5500 Rebecca. Laduke@untsystem.edu	<b>Currency</b>

**Supplier:** 0000073001  
Tarrant County Hospital  
District  
1500 S Main St  
1500 S Main St  
Fort Worth TX 76104-4917  
United States

**Ship To:** This is not a valid  
Purchase Order.  
This document is  
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**Attention:** Dr. David Farmer

**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:** RAWD000184-SUB00349

Tax Exempt?	Line-Sch	Item/Description	Tax Exempt ID: Mfg ID	Quantity	UOM	Replenishment Option: Standard PO Price	Extended Amt	Due Date
	1 - 1	Farmer - Trauma - RA00032 ch1		1.00	EA	525620.00	525620.00	03/21/2024
<b>Schedule Total</b>							<u>525620.00</u>	
<b>Total PO Amount</b>							<span style="border: 1px solid black; padding: 2px;">525620.00</span>	

Authorized Signature