



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
 Denton TX 76205  
 United States

<b>DUPLICATE</b>		<b>Dispatch Via Print</b>
<b>Purchase Order</b> HS763-HS00003648	<b>Date</b> 04-30-2024	<b>Revision</b>
<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:** 0000001281  
 Covetrus North America  
 PO Box 734579  
 Chicago IL 60673-4579  
 United States

**Ship To:** This is not a valid  
 Purchase Order.  
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**Attention:** Lacy Bowen

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

Tax Exempt?	Line-Sch	Item/Description	Tax Exempt ID: Mfg ID	Quantity	UOM	Replenishment Option: Standard PO Price	Extended Amt	Due Date
	1 - 1	Phenylephrine HCL Ophthalmic Solution, USP, 2.5% 10mL Dropper Bottle		6.00	EA	65.99	395.94	04/30/2024
						<b>Schedule Total</b>	<u>395.94</u>	
	2 - 1	Tropicamide Ophthalmic Solution, USP, 1% 15mL Dropper Bottle		12.00	EA	9.59	115.08	04/30/2024
						<b>Schedule Total</b>	<u>115.08</u>	
	3 - 1	Handling Charge		1.00	EA	4.00	4.00	04/30/2024
						<b>Schedule Total</b>	<u>4.00</u>	
						<b>Total PO Amount</b>	<u>515.02</u>	

Authorized Signature