

| cal Center | Ship To: | Purchase | HS763- Payme 30 days Buyer Laduke | ,Rebecca A | | Date 07-03-2024 Freight Terms Dest, prepay & a Phone/ Email 940/369-5500 Rebecca. Laduke@untsyst elia Scott | | Revisior Ship Via GROUNI Currenc |) y |
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| ersity of Kansas cal Center | Ship To: | Purchase | | Att | ention: Sh | elia Scott | Bill To: | UNT Syste | em Business |
| University of Kansas Medical Center 3901 Rainbow Blvd MSN 1039 Kansas City KS 66160-8500 United States | | | This is not a valid Attention: Sh Purchase Order. This document is reproduced for reporting purposes only. | | | | Service Ce Send Invoi invoices@ | | vuntsystem.edu as Dr., Ste. |
| Tax n/Description | Exempt ID: Mfg ID | | | Quantity | UOM | • | | | Due Date |
| 1 - 1 KUMC NNLM3 24-25 SUBAWARD | | | | 1.00 | EA | 111785.0 | 0 11 | L1785.00 | 07/03/2024 |
| | | | | | Schedule Total | | 11 | L1785.00 | |
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Total PO Amount

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