

| UNT Health Science Center UNT System Business Service Center | | | | DUPLICATE | | | | Di | Dispatch Via Print | |
|---|---|--------|--------------------|--|----------|----------------|---|----------|---|------------|
| | | | | Purchase Order HS763-HS00004564 Payment Terms 30 days | | | Date 07-10-2024 Freight Terms Dest, prepay & add | | Revision | ı |
| Denton TX 76205 United States | | | Ship Via GROUND | | | | | | | |
| | | | | Buyer Morales,Gabriel Adrian | | Irian | Phone/ Email 940/369-5500 Gabriel. Morales@untsystem.edu | | Currency | |
| | | | | s is not a valid Attention: Shelia Scott Bil rchase Order. s document is roduced for reporting poses only. | | | | Bill To: | To: UNT System Business Service Center Send Invoices to: invoices@untsystem.edu 1112 Dallas Dr., Ste. 4200 Denton TX 76205 United States | |
| Tax Exempt? Tax Exempt ID: | | | Replenishment 0 | | | • | • | | | |
| Line- Sch | Item/Description | Mfg ID | | | Quantity | UOM | PO Price | Exte | ended Amt | Due Date |
| 1 - 1 | Newton Healthcare _NNLM 3 Service Request | | | | 1.00 | EA | 25000.00 | | 25000.00 | 07/10/2024 |
| | | | | | | Schedule Total | | | 25000.00 | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Total PO Amount

25000.00