

UNT Health Science Center UNT System Business Service Center Denton TX 76205 United States			DUPLICATE				Di	Dispatch Via Print	
			Purchase Order HS763-HS00005126 Payment Terms 30 days			Date 08-01-2024 Freight Terms Dest, prepay & add		Revision	
								<b>Ship Via</b> GROUND	
			Buyer Morale	s,Gabriel Ad	rian	Phone/ Email 940/369-5500 Gabriel. Morales@untsyster	n.edu	Currenc	у
Supplier:0000031531Ship To:This is not PurchaseKenneth W GoodmanPurchase5765 SW 46th TerThis docu reproduceMiami FL 33155-6014reproduce purposes			Order. ment is ed for rep		ention: M	onica Castillo Bi	ill To:	Service C Send Invo invoices@	ices to: untsystem.edu as Dr., Ste. ( 76205
Excise Registration Code: 2024-12	248								
Tax Exempt? Line- Item/Description Sch	Tax Exempt ID: Mfg ID			Quantity	UOM	Replenishment PO Price		: Standard nded Amt	Due Date
1 - 1 AIM-AHEAD EAB Memb Budget Period 3 - Kenneth Wayne Good				1.00	EA	4000.00		4000.00	09/03/2024
					Schedule Total			4000.00	

**Total PO Amount** 

4000.00