

| UNT Health Science Center<br>UNT System Business Service Center |                      |   | DUPLICATE   |  |   |          | Dispatch Via Print                   |                                |
|---|----------------------|---|---|--|---|----------|--------------------------------------|--------------------------------|
|   |                      |   | Purchase Order  |  | Date  |          | Revision                             |                                |
| Denton TX 76205<br>United States                                |                      | HS763   | HS763-HS00005159<br>Payment Terms<br>30 days<br>Buyer |  | 09-01-2024<br>Freight Terms<br>Dest, prepay & add<br>Phone/ Email<br>040/05/05/00 |          |                                      |                                |
|   |                      |   |   |  |   |          | Ship Via<br>GROUND<br>Currency       |                                |
|   |                      |   |   |  |   |          |                                      |                                |
|   |                      |   |   |  |   |          |                                      |                                |
|   |                      | Laduke,Rebecca A  |   | 940/369-5500<br>Rebecca.<br>Laduke@untsystem.edu |   |          |                                      |                                |
|   |                      |   |   |  |   |          |                                      |                                |
|   |                      |   |   |  | Ladake@antoyo   | ioni.cuu |                                      |                                |
| Alsco Purchase<br>1340 F Berry St This docu                     |                      | s not a valid<br>ase Order.<br>ocument is<br>duced for rep<br>ses only. |   | ention: Je                                       | ssica Powers  | Bill To: | Service Co<br>Send Invo<br>invoices@ | vuntsystem.edu<br>as Dr., Ste. |
| •   | Exempt ID:<br>Mfg ID |   | Quantity  | UOM  | Replenishme<br>PO Pric  | •        | : Standard<br>nded Amt               | Due Date                       |
| 1 - 1 Alsco Center for<br>Older Adults                          |                      |   | 1.00  | EA   | 5000.0  | 0        | 5000.00                              | 09/04/2024                     |
|   |                      |   |   | Schedule Total                                   |   |          | 5000.00                              |                                |
|   |                      |   |   |  |   |          |                                      |                                |

**Total PO Amount** 

5000.00