



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
Denton TX 76205  
United States

CHANGE ORDER - REPRINT		Dispatch Via Print
<b>Purchase Order</b> HS763-HS00005331	<b>Date</b> 09-01-2024	<b>Revision</b> 1 - 2024-09-19
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Morales,Gabriel Adrian	<b>Phone/ Email</b> 940/369-5500 Gabriel. Morales@untsystem.edu	<b>Currency</b>

**Supplier:** 0000028431  
Dallas-Fort Worth Hospital  
Council  
300 Decker Dr Ste 300  
Irving TX 75025  
United States

**Ship To:** This is not a valid  
Purchase Order.  
This document is  
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purposes only.

**Attention:** Elisha DeClue

**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      DFW Hospital- CON  
Services

1.00    EA                      2650.00      2650.00      09/12/2024

**Schedule Total**                      2650.00

**Total PO Amount**                      2650.00

**Authorized Signature**