



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
Denton TX 76205  
United States

<b>DUPLICATE</b>		<b>Dispatch Via Print</b>
<b>Purchase Order</b> HS763-HS00005420	<b>Date</b> 09-01-2024	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Laduke,Rebecca A	<b>Phone/ Email</b> 940/369-5500 Rebecca. Laduke@untsystem.edu	<b>Currency</b>

**Supplier:** 0000001998  
National Board of Medical  
Examiners  
PO Box 71566  
Philadelphia PA 19176-  
1566  
United States

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

**Attention:** Joanna Baksh

**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	Health Systems Science_AY25		1.00	EA	12000.00	12000.00	09/18/2024
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**Schedule Total**                      12000.00

**Total PO Amount**                      12000.00

**Authorized Signature**