

UNT Health Science Center UNT System Business Service Center Denton TX 76205 United States			DUPLICATE				Di	Dispatch Via Print											
			Purchase Order HS763-HS00005422 Payment Terms 30 days			Date 09-01-2024 Freight Terms Dest, prepay & add		Revision Ship Via GROUND											
													Buyer			Phone/ Email		Currenc	у
													Morales	s,Gabriel Ad	rian	940/369-5500 Gabriel.			
															Morales@untsys	tsystem.edu			
Supplier:000006397 Christus Health 700 E Marshall Ave Longview TX 75601 United StatesShip To:This is not Purchase This document reproduce purposesExcise Registration Code:2022-0823			Order. nent is d for repo		ention: Jo	oanna Baksh	Bill To:	Service Co Send Invo invoices@	ices to: untsystem.edu as Dr., Ste.										
Tax Exempt? Tax Exempt ID: Line- Item/Description Mfg ID Sch				Quantity	UOM	Replenishment Optio PO Price Exte		n: Standard ended Amt	Due Date										
1 - 1 Christus Good Shepherd_AY25				1.00	EA	60000.00)	60000.00	09/18/2024										
			Schedule Total				60000.00												

Total PO Amount

60000.00