

| UNT Health Science Center<br>UNT System Business Service Center<br>Denton TX 76205<br>United States                   |                         |  | DUPLICATE  |                    |   |          | Dispatch Via Print                  |                                |
|---|-------------------------|--|--|--------------------|---|----------|-------------------------------------|--------------------------------|
|   |                         |  | Purchase Order<br>HS763-HS00006501<br>Payment Terms<br>30 days |                    | Date<br>09-01-2024<br>Freight Terms<br>Dest, prepay & add<br>Phone/ Email |          | Revision                            |                                |
|   |                         |  |  |                    |   |          | <u> </u>                            |                                |
|   |                         |  |  |                    |   |          | Ship Via<br>GROUND<br>Currency      |                                |
|   |                         | Buyer  |  |                    |   |          |                                     |                                |
|   |                         |  | aduke,Rebecca A  |                    | 940/369-5500  |          | eurrene                             | ,                              |
|   |                         |  |  |                    | Rebecca.  |          |                                     |                                |
|   |                         |  |  | Laduke@untsystem.e |   |          | du                                  |                                |
| Supplier: 0000043415<br>Wright Diagnostic Imaging,<br>LLC<br>6920 Rainwood Dr<br>Plano TX 75024-7539<br>United States | p                       | This is not a va<br>Purchase Ord<br>This documen<br>reproduced fo<br>purposes only | ler.<br>It is<br>r reporting                                   | ention: Je         | essica Powers   | Bill To: | Service C<br>Send Invo<br>invoices@ | vuntsystem.edu<br>as Dr., Ste. |
| Tay Exampt?   | ov Exampt ID:           |  |  | Replenishment Or   |   |          | ation. Standard                     |                                |
| Tax Exempt? T<br>Line- Item/Description<br>Sch  | ax Exempt ID:<br>Mfg ID |  | Quantity   | UOM                | PO Price  | •        | nded Amt                            | Due Date                       |
| 1 - 1 Wright Diagnostic   |                         |  | 1.00   | EA                 | 13200.00  | -        | 13200.00                            | 12/06/2024                     |
|   |                         |  |  | Schedule Total     |   |          | 13200.00                            |                                |
|   |                         |  |  |                    |   |          |                                     |                                |

Total PO Amount

13200.00