



# 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-HS00006792	<b>Date</b> 09-01-2023	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Barraza,Ashley	<b>Phone/ Email</b> 940/369-5500 Ashley. Barraza@untsystem.edu	<b>Currency</b>

**Supplier:** 0000073001  
Tarrant County Hospital  
District  
1500 S Main St  
1500 S Main St  
Fort Worth TX 76104-4917  
United States

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

**Attention:** Kori Wilson

**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?**

**Tax Exempt ID:**  
Mfg ID

**Replenishment Option:** Standard

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	Farmer - TCMHCC ARPA - RF40094	1.00	EA	86633.00	86633.00	01/14/2025

**Schedule Total** 86633.00

**Total PO Amount** 86633.00

**Authorized Signature**