

| UNT Health Science Center<br>UNT System Business Service Center<br>Denton TX 76205 |   |                                      |   | DUPLIC  | ATE      |              | Dispatch V                  | ia Print                             |   |
|--|---|--------------------------------------|---|---|----------|--------------|-----------------------------|--------------------------------------|---|
|  |   |                                      |   | Purchase Order<br>HS763-HS00006803<br>Payment Terms |          |              | Date                        | Revisio                              |   |
|  |   |                                      |   |   |          |              | 01-15-2025<br>Freight Terms | Ship Via                             | Shin Via  |
| United   | States  |                                      |   | 30 days   | renns    |              | Dest, prepay & add          |                                      |   |
|  |   |                                      | Buyer   |   |          | Phone/ Email | Currenc                     | Currency                             |   |
|  |   |                                      |   | Laduke,Re   | ebecca A |              | 940/369-5500<br>Rebecca.    |                                      |   |
|  |   |                                      |   |   |          |              | Laduke@untsystem            | n.edu                                |   |
|  | • • • • • • • • • • • •   | o. ·                                 | <b>T</b> 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.               |   | • • •    |              |                             |                                      |   |
|  | Supplier: 0000001281<br>Covetrus North America<br>PO Box 734579<br>Chicago IL 60673-4579<br>United States | Ship To:<br>Tax Exempt ID:<br>Mfg ID | This is not<br>Purchase<br>This docu<br>reproduce<br>purposes | Order.<br>ment is<br>d for reporting                |          | ntion:       | Megan Raetz Bi              | Service Co<br>Send Invo<br>invoices@ | ices to:<br>untsystem.ed<br>as Dr., Ste.<br>< 76205 |
| Tax Exe<br>Line-   | empt?<br>Item/Description   |                                      |   | 0   | Quantity |              | Replenishment<br>PO Price   | Option: Standard<br>Extended Amt     | Due Date  |
| Sch  | Rem/Description   | wig iD                               |   |   | uantity  | UOM          | FOFICE                      | Extended Amt                         | Due Dale  |
| 1 - 1  | Telazol Inj 100mg/mL<br>C3N 5mL   |                                      |   |   | 12.00    | EA           | 88.80                       | 1065.60                              | 01/15/202   |
|  |   |                                      |   |   |          | \$           | Schedule Total              | 1065.60                              |   |
|  |   |                                      |   |   |          |              |                             |                                      |   |
| 2 - 1  | Freight charges   |                                      |   |   | 1.00     | EA           | 4.00                        | 4.00                                 | 01/15/202   |
|  |   |                                      |   |   |          | \$           | Schedule Total              | 4.00                                 |   |
| 3 - 1  | GLOVES EXAM NITR PF<br>BLU SM 100CT PVL   |                                      |   |   | 10.00    | EA           | 8.76                        | 87.60                                | 01/15/202   |
|  |   |                                      |   |   |          |              | Schedule Total              | 87.60                                |   |
|  |   |                                      |   |   |          |              | -                           |                                      | -   |
| 4 - 1  | NOREPINEPHRINE 1MG/M<br>INJ 10X4ML  | L                                    |   |   | 1.00     | EA           | 108.11                      | 108.11                               | 01/15/202   |
|  |   |                                      |   |   |          | :            | Schedule Total              | 108.11                               |   |
|  |   |                                      |   |   |          |              |                             |                                      |   |
| 5 - 1  | PHENYLEPHRINE HCL<br>10MG/ML INJ 25X1ML   |                                      |   |   | 1.00     | EA           | 144.93                      | 144.93                               | 01/15/202   |
|  |   |                                      |   |   |          | :            | Schedule Total              | 144.93                               |   |
|  |   |                                      |   |   |          |              |                             |                                      |   |
| 6 - 1  | SPONGES GAUZE NS 4X4<br>12-PLY KEN 200  |                                      |   |   | 10.00    | EA           | 12.23                       | 122.30                               | 01/15/202   |
|  |   |                                      |   |   |          | :            | Schedule Total              | 122.30                               |   |
|  |   |                                      |   |   |          |              | -                           |                                      |   |
|  |   |                                      |   |   |          |              |                             |                                      |   |



1571.30

| UNT Health Science Center<br>UNT System Business Service Center<br>Denton TX 76205                        |   |  |                          | ICATE          |                      | Dispatch Via Print   |   |                      |            |
|---|---|--|--------------------------|----------------|----------------------|--|---|----------------------|------------|
|   |   |  |                          | se Order       |                      | Date<br>01-15-2025<br>Freight Terms                              |   | Revision<br>Ship Via |            |
|   |   |  |                          | -HS0000680     | )3                   |  |   |                      |            |
| United States   |   |  | Payment Terms<br>30 days |                |                      | Dest, prepay & add   |   | GROUND               |            |
|   |   |  |                          | ,Rebecca A     |                      | Phone/ Email<br>940/369-5500<br>Rebecca.<br>Laduke@untsystem.edu |   | Currency             |            |
| Supplier: 0000001281<br>Covetrus North America<br>PO Box 734579<br>Chicago IL 60673-4579<br>United States | This is not a valid Attention:<br>Purchase Order.<br>This document is<br>reproduced for reporting<br>purposes only. |  |                          | ention: M      | Megan Raetz Bill To: |  | UNT System Business<br>Service Center<br>Send Invoices to:<br>invoices@untsystem.edu<br>1112 Dallas Dr., Ste.<br>4200<br>Denton TX 76205<br>United States |                      |            |
| Tax Exempt? Tax Exempt ID:  |   |  |                          |                |                      | Replenishment Optio  |   | <b>n</b> : Standard  |            |
| Line- Item/Description<br>Sch   | Mfg ID  |  |                          | Quantity       | UOM                  | PO Price   | •   | ended Amt            | Due Date   |
| 7 - 1 KETAMINE HCL 100MG/<br>10ML C3N PVL   | ML  |  |                          | 6.00           | EA                   | 6.46   |   | 38.76                | 01/15/2025 |
|   |   |  |                          | Schedule Total |                      |  |   | 38.76                |            |
|   |   |  |                          |                |                      |  |   |                      |            |
|   |   |  |                          |                |                      |  |   |                      |            |

**Total PO Amount**