

UNT Health Science Center UNT System Business Service Center Denton TX 76205				DUPLIC	ATE		Dispatch V	ia Print	
				Purchase Order HS763-HS00006803 Payment Terms			Date	Revisio	
							01-15-2025 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 Rebecca.		
							Laduke@untsystem	n.edu	
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	Supplier: 0000001281 Covetrus North America PO Box 734579 Chicago IL 60673-4579 United States	Ship To: Tax Exempt ID: Mfg ID	This is not Purchase This docu reproduce purposes	Order. ment is d for reporting		ntion:	Megan Raetz Bi	Service Co Send Invo invoices@	ices to: untsystem.ed as Dr., Ste. < 76205
Tax Exe Line-	empt? Item/Description			0	Quantity		Replenishment PO Price	Option: Standard Extended Amt	Due Date
Sch	Rem/Description	wig iD			uantity	UOM	FOFICE	Extended Amt	Due Dale
1 - 1	Telazol Inj 100mg/mL 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 BLU SM 100CT PVL				10.00	EA	8.76	87.60	01/15/202
							Schedule Total	87.60	
							-		-
4 - 1	NOREPINEPHRINE 1MG/M INJ 10X4ML	L			1.00	EA	108.11	108.11	01/15/202
						:	Schedule Total	108.11	
5 - 1	PHENYLEPHRINE HCL 10MG/ML INJ 25X1ML				1.00	EA	144.93	144.93	01/15/202
						:	Schedule Total	144.93	
6 - 1	SPONGES GAUZE NS 4X4 12-PLY KEN 200				10.00	EA	12.23	122.30	01/15/202
						:	Schedule Total	122.30	
							-		



1571.30

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

Total PO Amount