

## **Purchase Order**

| UNT Health Science Center                    |  |                          |   | CHANGE ORDER - REPRINT                   |                                     |                       |                    | Dispatch Via Print       |  |  |
|--|--|--------------------------|---|--|-------------------------------------|-----------------------|--------------------|--------------------------|--|--|
| UNT System Business Service Center           |  |                          | Purchase Order  |  | Date                                |                       | Revision           |                          |  |  |
| Denton TX 76205                              |  |                          | HS763-HS00006970  |  | 01-24-2025                          |                       | 1 - 2025-04-01     |                          |  |  |
| United States                                |  |                          | Payment Terms<br>30 days                                      |  | Freight Terms<br>Dest, prepay & add |                       | Ship Via<br>GROUND |                          |  |  |
|  |  |                          | Buyer   |  |                                     | Phone/ Email          |                    | /                        |  |  |
|  |  |                          | Morales, Gabriel A  | drian                                    | 940/369-5500                        | 940/369-5500          |                    | ,                        |  |  |
|  |  |                          |   |  | Gabriel.                            |                       |                    |                          |  |  |
|  |  |                          |   |  |                                     | Morales@untsystem.edu |                    |                          |  |  |
|  | Supplier: 0000024866<br>Structure Tone Southwest<br>LLC<br>3500 Maple Ave Ste 1300<br>Dallas TX 75219<br>United States | <b>-</b>                 | This is not<br>Purchase<br>This docu<br>reproduce<br>purposes | e Order.<br>ument is<br>ed for reporting | tention: J                          | ohnny McElroy         | Bill To:           | Service Ce<br>Send Invoi | ces to:<br>untsystem.edu<br>s Dr., Ste.<br>76205 |  |
| Excise Registration Code: UNTS TCM 2024-0352 |  |                          |   |  |                                     |                       |                    |                          |  |  |
| Tax Exer<br>Line-<br>Sch                     | npt?<br>Item/Description   | Tax Exempt ID:<br>Mfg ID |   | Quantity                                 | UOM                                 | Replenishm<br>PO Prio |                    | : Standard<br>nded Amt   | Due Date   |  |
| 1 - 1  | HSC CBH Level 1 -<br>CMAR Agreement -<br>REMAINING VALUE OF F<br>160363 CLOSED IN<br>ERROR                             | 0                        |   | 1.00                                     | EA                                  | 138525.3              | 36 13              | 38525.36                 | 01/27/2025                                       |  |
|  |  |                          |   |  | Sc                                  | chedule Total         | 1:                 | 38525.36                 |  |  |
| 2 - 1  | Change Order #5  |                          |   | 1.00                                     | EA                                  | .(                    | 01                 | .01                      | 04/01/2025                                       |  |
|  |  |                          |   |  | So                                  | chedule Total         |                    | 0.01                     |  |  |
|  |  |                          |   |  | То                                  | otal PO Amount        | 1:                 | 38525.37                 |  |  |