

## **Purchase Order**

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## **UNT Health Science Center**

UNT System Business Service Center Denton TX 76205 United States

| DUPLICATE               |                      | Dispatch Via Print |
|-------------------------|----------------------|--------------------|
| Purchase Order          | Date                 | Revision           |
| HS763-HS00009759        | 09-01-2024           |                    |
| Payment Terms           | Freight Terms        | Ship Via           |
| 30 days                 | Dest, prepay & add   | GROUND             |
| Buyer                   | Phone/ Email         | Currency           |
| Morales, Gabriel Adrian | 940/369-5500         | -                  |
|                         | Gabriel.             |                    |
|                         | Morales@untsystem.ed | lu                 |

Supplier: 0000041988 McMillan James Equipment Company PO Box 2416 Grapevine TX 76099 United States This is not a valid Purchase Order. This document is reproduced for reporting purposes only.

Ship To:

Attention: Patricia Dossey

**Total PO Amount** 

Bill To: UNT System Business Service Center Send Invoices to: invoices@untsystem.edu 1112 Dallas Dr., Ste.

4200 Denton 3

15000.00

Denton TX 76205 United States

| Tax Exer<br>Line-<br>Sch | npt?<br>Item/Description | Tax Exempt ID:<br>Mfg ID | Quantity | UOM | Replenishment<br>PO Price | Option: Standard<br>Extended Amt | Due Date   |
|--------------------------|--------------------------|--------------------------|----------|-----|---------------------------|----------------------------------|------------|
| 1 - 1                    | McMillan James           |                          | 1.00     | EA  | 15000.00                  | 15000.00                         | 07/07/2025 |
|                          |                          |                          |          | Sc  | hedule Total              | 15000.00                         |            |
|                          |                          |                          |          |     |                           |                                  |            |
|                          |                          |                          |          |     |                           |                                  |            |

**Authorized Signature**