



# Purchase Order

## UNT Health Science Center

UNT System Business Service Center  
Denton TX 76205  
United States

| CHANGE ORDER - REPRINT                    |                                                                         | Dispatch Via Print                |
|-------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|
| <b>Purchase Order</b><br>HS763-HS00009871 | <b>Date</b><br>06-30-2025                                               | <b>Revision</b><br>1 - 2025-08-04 |
| <b>Payment Terms</b><br>30 days           | <b>Freight Terms</b><br>Dest, prepay & add                              | <b>Ship Via</b><br>GROUND         |
| <b>Buyer</b><br>Laduke, Rebecca A         | <b>Phone/ Email</b><br>940/369-5500<br>Rebecca.<br>Laduke@untsystem.edu | <b>Currency</b>                   |

**Supplier:** 0000043857  
Overture Home Care  
3750 S University Dr Suite  
250  
Fort Worth TX 76109-3795  
United States

**Ship To:** This is not a valid  
Purchase Order.  
This document is  
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**Attention:** Jessica Powers

**Bill To:** UNT System Business  
Service Center  
Send Invoices to:  
invoices@untsystem.edu  
1112 Dallas Dr., Ste.  
4200  
Denton TX 76205  
United States

**Excise Registration Code:** 2025-0475

| Tax Exempt?     |                    | Tax Exempt ID: |          | Replenishment Option: Standard |          |              |            |
|-----------------|--------------------|----------------|----------|--------------------------------|----------|--------------|------------|
| Line-Sch        | Item/Description   | Mfg ID         | Quantity | UOM                            | PO Price | Extended Amt | Due Date   |
| 1 - 1           | Overture Home Care |                | 1.00     | EA                             | 15000.00 | 15000.00     | 07/10/2025 |
| Schedule Total  |                    |                |          |                                |          | 15000.00     |            |
| Total PO Amount |                    |                |          |                                |          | 15000.00     |            |

Authorized Signature