



# Purchase Order

Page: 1 of 1

## UNT Health Science Center

UNT System Business Service Center  
Denton TX 76205  
United States

DUPLICATE		Dispatch Via Print
<b>Purchase Order</b> HS763-HS00010588	<b>Date</b> 07-16-2025	<b>Revision</b>
<b>Payment Terms</b> 30 days	<b>Freight Terms</b> Dest, prepay & add	<b>Ship Via</b> GROUND
<b>Buyer</b> Morales,Gabriel Adrian	<b>Phone/ Email</b> 940/369-5500 Gabriel. Morales@untsystem.edu	<b>Currency</b>

**Supplier:** 0000073001  
Tarrant County Hospital  
District  
1500 S Main St  
1500 S Main St  
Fort Worth TX 76104-4917  
United States

**Ship To:** This is not a valid  
Purchase Order.  
This document is  
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purposes only.

**Attention:** Elisha DeClue

**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?

**Line-  
Sch**      **Item/Description**

**Tax Exempt ID:**  
**Mfg ID**

**Replenishment Option:** Standard

	<b>Quantity</b>	<b>UOM</b>	<b>PO Price</b>	<b>Extended Amt</b>	<b>Due Date</b>
1 - 1      PSA-JPS Health Network	1.00	EA	150000.00	150000.00	08/27/2025

**Schedule Total**      150000.00

**Total PO Amount**      150000.00

Authorized Signature