



# Purchase Order

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## UNT Health Science Center

UNT System Business Service Center  
Denton TX 76205  
United States

| DUPLICATE                                 |                                                                          | Dispatch Via Print        |
|-------------------------------------------|--------------------------------------------------------------------------|---------------------------|
| <b>Purchase Order</b><br>HS763-HS00011990 | <b>Date</b><br>09-01-2025                                                | <b>Revision</b>           |
| <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>Morales,Gabriel Adrian    | <b>Phone/ Email</b><br>940/369-5500<br>Gabriel.<br>Morales@untsystem.edu | <b>Currency</b>           |

**Supplier:** 0000000460  
NextgenHealthcare dba  
Quality Systems Inc  
PO Box 511449  
Los Angeles CA 90051  
United States

**Ship To:** This is not a valid  
Purchase Order.  
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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:** 2026-0734

| Tax Exempt?     |                       | Tax Exempt ID: |          | Replenishment Option: Standard |          |              |            |
|-----------------|-----------------------|----------------|----------|--------------------------------|----------|--------------|------------|
| Line-Sch        | Item/Description      | Mfg ID         | Quantity | UOM                            | PO Price | Extended Amt | Due Date   |
| 1 - 1           | One-time Implentation |                | 1.00     | EA                             | 5000.00  | 5000.00      | 10/22/2025 |
| Schedule Total  |                       |                |          |                                |          | 5000.00      |            |
| Total PO Amount |                       |                |          |                                |          | 5000.00      |            |

Authorized Signature