

University of North Texas UNT System Business Service Center Denton TX 76205 United States			DUPLICATE				Dispatch Via Print	
			Purchase Order NT752-NT00001287 Payment Terms 30 days		Date 09-01-2023 Freight Terms Dest, prepay & add Phone/ Email		Revision	
							Ship Via GROUND	
			Morales, Gabrier /	Aurian	Gabriel.			
			Morales@untsyste			tem.edu	m.edu	
Supplier: 0000025359 Texas Department State Health Services Cash Receipts Branch MC2003 PO Box 149347 Austin TX 78714-9347 United States		This is not Purchase This docur reproduce purposes	e Order. ument is ed for reporting	ttention: T	aelon Payne	Bill To:	Service Co Send Invo invoices@	ices to: untsystem.edu as Dr., Ste. (76205
Tax Exempt? Line- Item/Description	Tax Exempt ID: Mfg ID		Quantity	Rep Quantity UOM		olenishment Option: Standard PO Price Extended Amt		Due Date
Sch	5							
1 - 1 Texas DSHS FY24 Annual PO			1.00) EA	10000.00)	10000.00	09/01/2023
				Schedule Total			10000.00	

Total PO Amount

10000.00