

## **Purchase Order**

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## **University of North Texas**

UNT System Business Service Center Denton TX 76205 **United States** 

| DUPLICATE               |                      | Dispatch Via Print |
|-------------------------|----------------------|--------------------|
| Purchase Order          | Date                 | Revision           |
| NT752-NT00014781        | 01-29-2025           |                    |
| 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:** 0000013231 Kirksey Architects Inc 6909 Portwest Dr Houston TX 77024 **United States** 

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Ship To:

Attention: James Calaway

**UNT System Business** Service Center Send Invoices to: invoices@untsystem.edu 1112 Dallas Dr., Ste. 4200

101193.00

Bill To:

Denton TX 76205 **United States** 

Excise Registration Code: 2025-3365

| Tax Exem<br>Line-<br>Sch | pt?<br>Item/Description  | Tax Exempt ID:<br>Mfg ID | Quantity | UON | Replenishment Option: Standard PO Price Extended Amt | Due Date   |
|--------------------------|--|--------------------------|----------|-----|--|------------|
| 1 - 1                    | UNT Housing and<br>Innovation Center<br>Planning and<br>Programming -<br>Professional Service<br>Agreement |                          | 1.00     | EA  | 91593.00 91593.00                                    | 03/27/2025 |
|                          |  |                          |          |     | Schedule Total 91593.00                              |            |
| 2 - 1                    | Reimbursable Expense   | s                        | 1.00     | EA  | 9600.00 9600.00                                      | 03/27/2025 |
|                          |  |                          |          |     | Schedule Total 9600.00                               | -          |
|                          |  |                          |          |     |  |            |

**Authorized Signature** 

**Total PO Amount**