Purchase Order

Brigham Young University BRIGHAM YOUNG UNIVERSITY PURCHASING DEPT ASB C-40 PROVO UT 84602-1116 **United States**

> **Supplier:** 0000008332 MEDI-SPAN*DO NOT USE* 8425 WOODFIELD CROSSING BLVD

PO BOX 40930 INDIANAPOLIS IN 462400930

	Dispatch via	a Print	
Purchase Order	Date Revision	Page	
BYU-0000007591	08/26/1997	1	
Payment Terms	Freight Terms	Ship Via	
NET 30	*********DON'T USE*****	Not	
		Applicable	
Buyer	Phone/Email	Currency	

USD

0.00

0.00

Millar, Nadine B RECEIVING Ship To:

BRIGHAM YOUNG UNIVERSITY CENTRAL RECEIVING 685 E UNIVERSITY PKWY PROVO UT 84602-1830

United States

Attention: Not Specified

BRIGHAM YOUNG UNIVERSITY FINANCIAL SERVICES Bill To:

A-153 ASB

PROVO UT 84602-1128

United States

	Item/Description	Mfg ID	Replenishmen Quantity UOM	PO Price	Extended Amt	Due Date
1- 1 CLINIC FEES FOR UP TO 12 PHYSICIANS EFFECTIVE 8-1-97 7-31-98	PHYSICIANS EFFECTIVE 8-1-97 TO	X	1.00EA	2,270.00	0.00	CLOSED
			Schedule Total	_	0.00	
			Item Total	_	0.00	
2- 1 PHARMACY USER SYSTEMS EFFECT 8-1-97 TO 7-31-98	PHARMACY USER SYSTEMS EFFECTIVE 8-1-97 TO 7-31-98	X	1.00EA	765.00	0.00	CLOSED
			Schedule Total	_	0.00	

Item Total

Total PO Amount