

PURCHASE ORDER

SUPPLIER: Chiliz

NO.: 1810

ADDRESS: _____

DATE: 10-8-25

REQUESTED BY: Pampana rein

TERMS: 30 days

DESCRIPTION	UNIT/ PACK	QTY	PRICE	AMOUNT
Oxygen Cannula Adult w/o mask	PCD	50	14.	700
Oxygen Cannula Adult w/ mask	PCI	20	30	600
			TOTAL	1,300.00

Note : _____

Prepared by: Lizette Ann D. Santos

Checked by :

Approved by: Incenta B. Manigos

for questions and verifications regarding this purchase, you may contact **0926-751-1770, 0917-555-0172**

do not accept purchase form if no signature and watermark logo of BOON.

STA. CRUZ MANILA

Customer: BOON PHARMA Date: 10-09-25

Address: _____

QTY	ARTICLES	UNIT PRICE	AMOUNT
50 PCS.	02 CAMMULA ADULT w/o MASK	14	700
20 PCS	02 CAMMULA ADULT w/ MASK	30	600
			1300
<p>RECEIVED 11 OCT 2025</p> <p>P. - OA-25</p>			
TOTAL P			

No. 0345

Received By:

Authorized Signature