

PURCHASE ORDER

SUPPLIER: Chiliz

NO.: 1955

ADDRESS: _____


DATE: 10-20-25

REQUESTED BY: Pamanga-rein

TERMS: 30 days

DESCRIPTION	UNIT/ PACK	QTY	PRICE	AMOUNT
Sphygmomanometer adult cuff	pc	5	170	850
Infrared forehead thermometer (crosspoint)	pc	1	150	150
			TOTAL	1,000

Note : CPR UPON DELIVERY. NO CPR, NO DELIVERY.

Prepared by: 
Lizette Ann D. Santos

Checked by :

Approved by:

~~Inocencia~~ ~~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: 10-20-25

Address:

INCODE

DATE: 11/21/88 TIME: 11:00

BY: [Signature]

RECEIVED 21 OCT 2025

TOTAL P

No. 0556

Received By:

Authorized Signature