PURCHASE ORDER

BOON PHARMA CORP

SUPPLIER : Nextmed

ADDRESS :

REQUESTED BY : Pampanga - med

NO. : 2005

DATE : 10-24-25

TERMS : 90days

DESCRIPTION	UNIT/ PACK	QTY	PRICE	AMOUNT
ORS	bxs	200	56	11,200
			TOTAL	11,200

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

Prepared by : Lizette Ann D. Santos

Checked by :

Approved by : 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.

NEXTMED PHARMA, INC.

Unit A-46 Samar Avenue, Brgy. South Triangle, Quezon City 16:25:31

QUOTATION FORM

№ 11919 011919

BOON PHARMA CORP - C01057 -

BLDG 1424 ANACLETO ST.ZONE 35 BRGY 334 METRO MANILA 11200.00

ZB

PSR No. P-033 BELLE-MG/ BOON PHARMA

D.R. NO.: 011919

Date 10/24/2025

TERMS: Days

PCode	QTY	PARTICULAR/S	LOT NO.	Expiry Date	Unit Price	Total Amount
P0296	200	ORAL REHYDRATION SALT 7.75g/250ml 25's	5H53	8/2028	56.00	11,200.00

R-O-C
10-28-25

ENCODED
10/29/25

RECEIVED 25 OCT 2025

WE ONLY ACCEPT RETURN ITEM WITHIN 30 DAYS FROM DATE OF PURCHASE. STORE AT TEMPERATURE NOT EXCEEDING 30°C Total Items 1

Prepared By: CRIS

Checked By:

Received By:

Gross Amount 11,200.00
Net Discount
Net Amount

2 Box/es

Bag/s