

# PURCHASE ORDER

SUPPLIER: Chiliz

NO.: 1920

ADDRESS: \_\_\_\_\_


DATE: 10-7-25

REQUESTED BY: Pampana-rein


TERMS: 30 days

DESCRIPTION	UNIT/ PACK	QTY	PRICE	AMOUNT
IV cannula w/ injection port & wings (polyflon) size 20g 100's *longer expiring po	bxs	20	730	14,600
Request P.O.P			TOTAL	14,600

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

Prepared by :   
Liza Ann D. Santos

Checked by :

Approved by :   
Inocenta 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: 10-07-25

**Address:**

ENCODED

DATE: 10/8/74

BY: [Signature]

2-0-25  
10-07-25

RECEIVED 08 OCT 2025

No. 0319

Received By:

Authorized Signature