

PURCHASE ORDER

SUPPLIER: Nextmed

NO. : 1941

ADDRESS: _____

DATE: 6-15-25

REQUESTED BY: Parag - Stock

TERMS: 12

[illegible]

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

Prepared by: [Signature]
[Name]

Checked by :

Approved by:

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 BODN.

EXTMED PHARMA, INC.
Unit A-66, Samek

Unit A-46 Samar Avenue, Brgy. South Triangle, Quezon City

QUOTATION FORM

No 11940₀₁₁₉₄₀

BOON PHARMA CORP - 001057 BLDG 1424 HWY 210 ST, ZIONSVILLE, IN 46075 33696.00		PSR No. P-033 BELLE ME / BOON PHARMA		D.R. NO.: 011940 Date: 10/27/2025	
PCODE QTY PARTICULARS LOT NO. EXPIRY DATE UNIT PRICE TOTAL AMOUNT		TERMS: Days			
P2205 437 LACTULOSE SYR 200ML 3.30/ML 120ML IS 		HFE1230 12/2025 79.00 33,696.00			
ONLY ACCEPT RETURN ITEM WITHIN 30 DAYS FROM DATE OF PURCHASE. STORE AT TEMPERATURE NOT EXCEEDING 30°C.					
Prepared By:		Checked By:		Received By: <i>[Signature]</i>	
Box/es		Bag/s		Gross Amount Net Discount Net Amount	
				33,696.00	