

PURCHASE ORDER

SUPPLIER: Ch: 112

NO.: 2014

ADDRESS: _____

DATE: 12-20-21

REQUESTED BY: Pamphila chizul

TERMS: 30 days

DESCRIPTION	UNIT/ PACK	QTY	PRICE	AMOUNT
Kidney SL	gal	5	1,200	6,000
			TOTAL	6,000

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

Prepared by: John A. D. Santos

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 BOON.

STA. CRUZ MANILA

Customer: BDOH PHARMA Date: 10-29-25

Address: _____

DATE: 10/30/98 BY: [Signature]

RECEIVED 30 OCT 2025

Received By:

Authorized Signature