



PURCHASE ORDER

SUPPLIER: Chiliz

NO.: 2011

ADDRESS: _____

DATE: 10-28-20

REQUESTED BY: Pampaniya-rein

TERMS: 30days

DESCRIPTION	UNIT/ PACK	QTY	PRICE	AMOUNT
Indwelling Foley catheter 3-way FR22	pc	1	100	100
Silk 2/0 (75cm, 26mm, Taper)	pc	1	220	220
Silk 3/0 (75cm, 26mm, Taper)	pc	1	220	220
Silk 5/0 (75cm, 22mm, Taper) X	pc	1	220	220
Silk 6/0 (75cm, 22mm Taper) all silk X	pc	1	220	220
Endotracheal tube w/ radiographic 33mm ID cuffed	pc	1	35	35
Endotracheal tube 4mm ID cuffed	pc	1	35	35
			TOTAL	1100

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

Prepared by: [Signature]
Linda M. D. Santos

Checked by: _____

Approved by: [Signature]
Inez M. 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: 11-05-25

Address:

[illegible]

No. 0806

Received By:

Authorized Signature