

Purchase Order 森世海亚

森世海亚医药科技（北京）有限公司

The following number must appear on all related documents and invoices:

P. O. NUMBER: P02403050770

To: Ship To:

Company: 上海麦田公共关系咨询有限公司 Name: 付嘉莹

P. O. DATE	REQUISITIONER	DEPARTMENT	SERVICE DATE	LATE PO OR NOT
2024-03-05	付嘉莹	中央市场部	2024-03-05	NOT

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1.0000	个	威利坦DVT医学幻灯设计	16,800.00	16,800.00
			SUBTOTAL	16800.00
			SALES TAX	1,008.00
			SHIP. & HANDLING	
			TOTAL	17808.00

Remark:

- Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
- Please notify us immediately if you are unable to deliver service as specified.

Approval by: 丁慧

Date: 2024-03-05