

# Purchase Order 森世海亚

森世海亚健康科技（上海）有限公司

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

P. O. NUMBER: P02406280995

To: Ship To:

Company: 上海麦田公共关系咨询有限公司 Name: 熊亚姿

P. O. DATE	REQUISITIONER	DEPARTMENT	SERVICE DATE	LATE PO OR NOT
2024-06-28	熊亚姿	91109-中央市场部	2024-06-28	NOT

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1.0000	个	内分泌糖网学术会议及幻灯医学支持	37,735.85	37,735.85
			SUBTOTAL	37735.85
			SALES TAX	2,264.15
			SHIP. & HANDLING	
			TOTAL	40000.00

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:

Date: 2024-06-28