

# Purchase Order

**From (Buyer):**

Sales Automation  
3 Mount Elizabeth Road #08-02  
MOUNT ELIZABETH MEDICAL CENTRE  
Singapore 228510

**P.O. Number :** PO-SG-2023-002

**Date :** 1/4/2023

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**To (Vendor):**

CLEARWATER PTE LTD  
Singapore

| Description | Qty | Amount (S\$) |
|-------------|-----|--------------|
| sales       | 1   | S\$1,000.00  |

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**Total Authorized Amount: S\$1,000.00**

**Authorized By: Mrs Beth**

**Title: Procurement Manager**

Company Stamp