

**CLINICMASTER DEVELOPER LOCAL PURCHASE ORDER**

Order No: **16-0218** Order Date: **13 December 2016**  
Document (Ref.) No:

Ship To: **CLINICMASTER DEVELOPER**

Vendor: **ABACUS PHARMA (A)LTD**  
**BOX 1926**

No:	Item Name:	Qty:	UOM:	Rate:	Amount:
1	ACYCLOVIR 250MG INJ	1	Piece	0.00	0.00
2	AB TONE 200ML SYRUP	48	Piece	0.00	0.00
3	10ML SYRINGE	1	Piece	350.00	350.00

**Total Amount:** **350.00**  
(THREE HUNDRED FIFTY ONLY)

Prepared By: ..... Date: .....

Authorized By: ..... Date: .....

Printed by Systems Administrator on 13 December 2016 at 11:37 AM from Clinic Master