

2880 Lakeside Dr. Suite 250, Santa Clara, CA 95054 408-755-1500 (Telephone) 408-755-1510 (Fax)

Purchase Order

				/ /		
			PO	PO Number:		1731
Originator:				Date: 4-Jun-18	un-18	
PO Type;	✓ New	☐ Amended	Amend	Amendment Date ² :		
Supplier Name:	Charles []niv	Charles University First Faculty of Medicine			2	
Address:	Katerinska 32	2		Approved	Under Evaluation	ASL Status N/A
	121 08, Prag	121 08, Prague 2, Czech Republic			Receipt Requirements (ÄCT Only)	s (ÄCT Only)
Phone:				☐ Cal/PM requ	quired	☐ No receipt requirements
Contact/Email:			8	☑ Incoming I	☑ Incoming Inspection required	Other:
Payment Terms:		☑ Invoice ☐ Prepaid by Credit Card	d Other:		DUE DATE	
Shipping Method	□ ups	☐ FEDEX	☑ N/A ☐ Other.			
-		Part Niimher/Revision or	Simplier Dort Minister			
Item Code	Acct Code	Description	or Description	Quantity UOM	M Unit Cost	Extended Cost
-	500	Porcine Study	2 Specimens, Autopsy	1 ea	\$ 5,400.00	\$5,400.00
2 7410	500	NavX	Day	1 ea	\$ 700.00	* \$700.00
						\$0.00
						\$0.00
						\$0.00
Vendor Quote #:	5/28/2018				Tax	\$549.00
Comment:					Shipping	
Special Instruction					Total	\$6,649.00
The supplier affect the qu	er agrees to n luality of the	The supplier agrees to notify ACT prior to implementation of any changes in the supplier's processes, materials, or handling that could possibly affect the quality of the material or service and determine whether the change may affect the quality of the finished device.	n of any changes in the suppl whether the change may affe	ier's processes, ect the quality of	materials, or handling the finished device.	g that could possibly
Approvals - Signature and date:	ture and da	Amended PO's use the same PO Number as the original; the amendment date provides traceability to the updated requirements. als — Signature and date:	the amendment date provides	traceability to 1	the updated requirement	ents.
e i		tune 4,2018		181/20- 4-79		
Originator/Signature 1:	ď:		Signature 6/4/18	Sign	Signature 3:	