



# Purchase Order

Date: 4-Jun-18Amendment Date:

Supplier Name:	Charles University, First Faculty of Medicine
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Address:	Katerinska 32
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121 08, Prague 2, Czech Republic	
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Phone:Contact/Email:

Supplier Status

☐ Approved ☐ Under Evaluation ☒ ASL Status N/A

Receipt Requirements (ÄCT Only)

<input type="checkbox"/> Cal/PM required	<input type="checkbox"/> No receipt requirements
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<input checked="" type="checkbox"/> Incoming inspection required	<input type="checkbox"/> Other:
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Payment Terms:	<input checked="" type="checkbox"/> Invoice <input type="checkbox"/> Prepaid by Credit Card <input type="checkbox"/> Other:
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DUE DATE

Shipping Method ☐ UPS ☐ FEDEX ☒ N/A ☐ Other.

[illegible]

Vendor Quote #: 5/28/2018

Comment:

Special Instructions:

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.

<sup>2</sup> Amended PO's use the same PO Number as the original; the amendment date provides traceability to the updated requirements.

Approvals -- Signature and date:

Originator/Signature 1:	June 4, 2018	Signature 2:	6/4/18	Signature 3:
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