



Lyreco (Singapore) Pte Ltd
(Co. no. 200501663H)
20 Collyer Quay #23 - 01,
Singapore 049319 (GST reg. no. 20-0501663-H)
Tel.: 6235 7887 Fax: 6235 7667

Cust. No **90312667**

DELIVERY NOTE

1007965152

Page

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Order No **7244217**

Sales Rep **80356018 Fanni DING**

Date Shipped **15.10.2024** Date Ordered **14.10.2024**

Customer Ref.

Delivery Address

71310 - MAJOR OT
CGH 2, SIMEI ST 3 MAIN BUILDING
LEVEL 3, MAJOR OT
SINGAPORE 529889

+ 6568503879 Ms. Hasmah Bte Ibrahim

Invoicing Address

CHANGI GENERAL HOSPITAL
CGH 2, SIMEI STREET 3,
SINGAPORE 529889

ORIGINAL

Line No	Product No.	Quantity ordered	Quantity delivered	Description	Net price unit	Amount net
Delivery Days : Tuesday / Thursday						
Prices are indicated as a rough guide and can be the object of variation						
10	7.250.999	24	24	PENTEL MAXIFLO MWL5M W/BOARD MARKER BLUE	2.27	54.48
20	7.251.014	24	24	PENTEL MAXIFLO MWL5M W/BOARD MARKER RED	2.27	54.48
30	7.250.988	24	24	PENTEL MAXIFLO MWL5M W/BOARD MARKER BLK	2.27	54.48
40	18.092.177	1	1	EMI K2 703 LETTER TRAY 3-TIER BLK	12.20	12.20
50	18.092.155	1	1	EMI K2 663 LETTER TRAY 3-TIER BLK	11.20	11.20
60	18.092.144	1	1	EMI K2 662 LETTER TRAY 2-TIER BLK	9.60	9.60
TOTAL without VAT SGD :						196.44
Thank you for your order Please notify any discrepancies within 7 working days. Back ordered quantities will be delivered as agreed.						

Operating Theatre (MOT / DSOT)
Changi General Hospital / Level 3
DID: 6850 3880 Fax: 6782 4903 (MOT)
DID: 6850 3320 Fax: 6260 2419 (DSOT)

SGSG79-124

This note includes **1** page(s) **3** parcel(s) **0** pallet(s)

Date shipped : **15.10.2024**

RDC: **SGSG** Journey: **79**

Seq. No : **124**

Parcels : **3**

Weight : **6.366KG**

71310 - MAJOR OT
CGH 2, SIMEI ST 3 MAIN BUILDING
LEVEL 3, MAJOR OT
SINGAPORE 529889

Cust No : **90312667**

Pallets : **0**

Page : **1**

Your internal No :

Delivery note No : **1007965152**

Order No : **7244217**

Your order ref. :

Sales Rep : **80356018 Fanni DING**

Ms. Hasmah Bte Ibrahim

Parcels received in correct quantity and good condition Signature	Print Name	Time received	Date received
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