Brought of विक्रेता

CASH MEMO
नकद पत्र

Sold To M/s _____
क्रेता सर्वश्री

_____

No. क्रमाँक _____ Date तिथि 31/12/2022

QNTY. संख्या	PARTICULARS विवरण	RATE दर	AMOUNT रकम ₹	P.
	Tea			
	Expences			
	TOTAL		100	

DCDC KIDNEY CARE ★ EAST OF KAILASH ★ DCDC-NHI HOSPITAL

Hpsm

Signature
हस्ताक्षर

- Goods Once Sold Will Not Be Taken Back
- E.&.O.E. भूल–चूक लेनी देनी।