Brought of विक्रेता

**Cash Memo**
**नकद पत्र**

Sold to क्रेता DCDC - FORD Hospital

No. क्रमाँक _____ Date तिथि 1-12-23

| QTY. संख्या | PARTICULARS विवरण | RATE दर | AMOUNT ₹ | रकम P. |
|---|---|---|---|---|
| | Tea Expenses | 40X27 | | |
| | 1-12-23 to 31-12-23 | | =1080 | 00 |
| | (27 days) | | | |
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| | Thank You ! धन्यवाद! E.&.O.E. भूल-चूक लेनी देनी | Total जोड़ | 1080 | 00 |

Neelgagan Goods once sold will not be taken back

Signature हस्ताक्षर