Brought of विक्रेता

**Cash Memo**
**नकद पत्र**

Sold to क्रेता DCDC FORD HOSPITAL

No. क्रमाँक _____ Date तिथि 31/7/24

| QTY. संख्या | PARTICULARS विवरण | RATE दर | AMOUNT ₹ | रकम P. |
|---|---|---|---|---|
| | Water Drinking | 12 | x 25 | |
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| | Thank You ! धन्यवाद! E.&.O.E. भूल-चूक लेनी देनी | Total जोड़ | 300/- | |

Neelgagan Goods once sold will not be taken back

Signature हस्ताक्षर