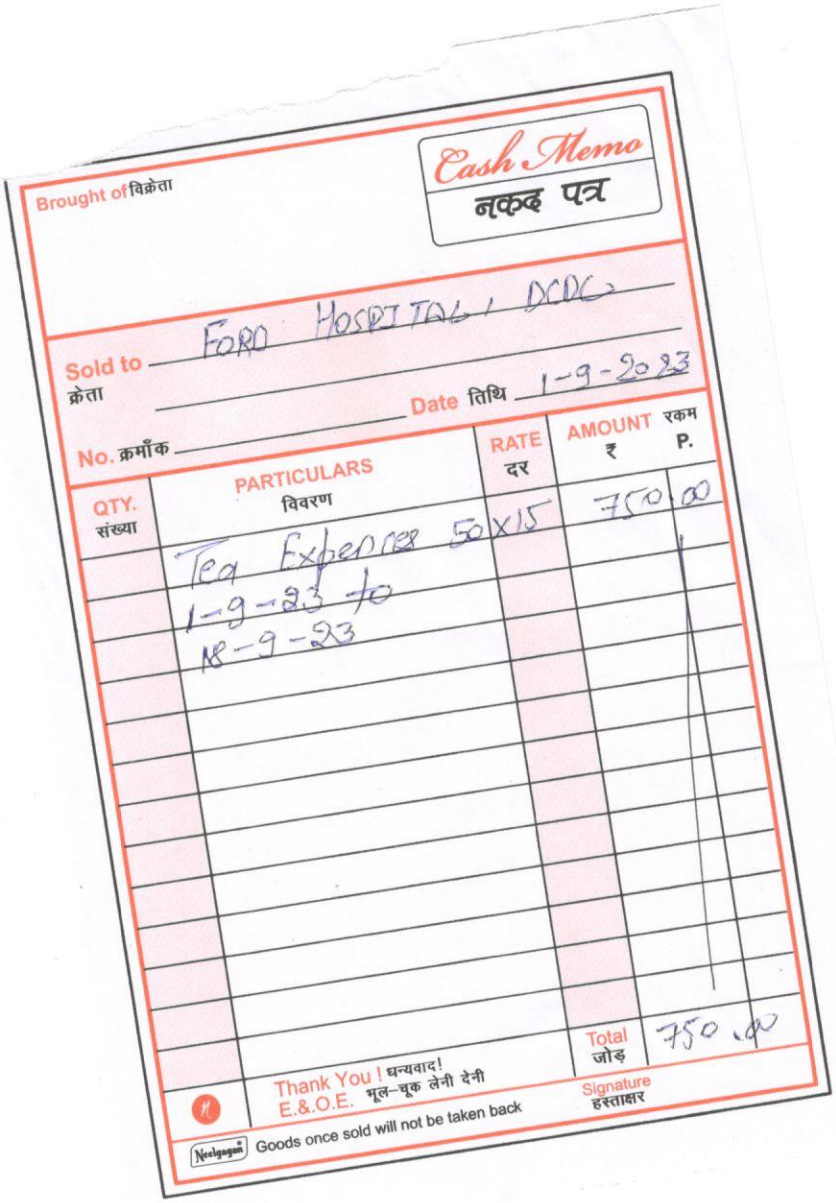

Brought of विक्रेता

Cash Memo
नकद पत्र

Sold to क्रेता FORD HOSPITAL / DCDC

No. क्रमाँक _____ Date तिथि 1-9-2023

QTY. संख्या	PARTICULARS विवरण	RATE दर	AMOUNT रकम ₹	P.
	Tea Expenses 50 X 15		750	00
	1-9-23 to			
	18-9-23			
		Total जोड़	750	00

Thank You ! धन्यवाद!
E.&O.E. भूल-चूक लेनी देनी

Signature हस्ताक्षर

Neelgagan Goods once sold will not be taken back