नगद/उधार पत्र
CASH/CREDIT MEMO

विक्रेता VENDOR

क्रमांक No. .....  दिनांक Date 30/11/22

केता सर्वश्री DCDC Kidney care

Sold to M/s .....

| संख्या Qnty. | विवरण PARTICULARS | दर Rate | रकम/Amount Rs. | P. |
|---|---|---|---|---|
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| | Conveyance Expenses | | 300 | - |
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धन्यवाद Thank You
भूल चूक लेनी देनी E. & O. E.

कुल जोड़ TOTAL 300/-

बिका सूआ माल वापिस नहीं होगा
Goods once sold will not be taken back.

हस्ताक्षर Signature