नगद/उधार पत्र
CASH/CREDIT MEMO

विक्रेता VENDOR

क्रमांक No. .....  दिनांक Date 31/7/23

क्रेता सर्वश्री DCDC Kidney care

Sold to M/s .....

| संख्या Qnty. | विवरण PARTICULARS | दर Rate | रकम /Amount Rs. | P. |
|---|---|---|---|---|
| | Conveyance | | 400 | - |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

कुल जोड TOTAL 400 -

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

हस्ताक्षर Signature