UNIT NAME:- DCDC KIDNEY CARE Centre ... ar / S

CASH MEMO
नकद पत्र

Brought of विक्रेता 13

Sold to क्रेता CASH

No. क्रमाँक _____ Date तिथि 05/02/23

QNTY. संख्या	PARTICULARS विवरण	RATE दर	AMOUNT रकम ₹ P.
	Coach Cap		1300/-
	Over Purchase		
	Thirteen hundred Rupees		
	Thank You ! धन्यवाद ! E.&.O.E. भूल–चूक लेनी देनी	NIRU जोड़	1300/-

Veelgagan

• Goods once sold will not be taken back

Signature हस्ताक्षर

DCDC KIDNEY CARE CENTRE NASHIK C-KALRA HOSPITAL

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