From:

CASH/CREDIT MEMO

To, DCDC RH Bilaspur

Telephone No.

Order No. Challan No. Date 18/5/23

| QTY. | PARTICULARS | RATE | AMOUNT Rs. | P. |
|---|---|---|---|---|
| 2. | Pyrile Bill | | 100/ | |

DCDC KIDNEY CARE ★ BILASPUR ★ DCDC-REGIONAL HOSPITAL

Action THANK YOU E.&.O.E TOTAL 100/Rs

★ Goods once sold will not be taken back.
★ Interest @24% P.A. will be charged if it is not paid on presentation

Signature