

Cash/Bill

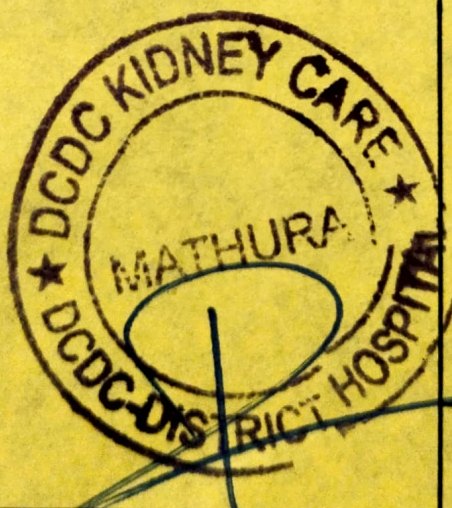
[Empty rounded rectangular box]

No. / क्रमांक :

Date / दिनांक

29/01/24

M/s.....

Qty. संख्या	Particulars विवरण	Rate दर	Amount मूल्य Rs. P.	
	Heparin - I	400	400	
		योग TOTAL	400	

JUPITER

E. & O. E. भूल-चूक लेनी-देनी।

Signature / हस्ताक्षर