Details of Supplier

BILL FORM

Details of Receiver: DCDC District Hospital SDM

Mobile No.

No. :

Date : 20/6/24

Receiver GSTIN

Quantity	Description of Product/Services	HSN Code	Rate	Amount Rs.	P.
2	पोछा		190	380/-	
1	वाइपर		170	170/-	
6	निसूल ऐसीड Acid		90/-	540/-	
1	झाड़ू		80/-	80/-	
1kg	वासींग पाउडर क्लीनर		70/-	70/-	
1	फ्लोर डासटर		480/-	480/-	
			TOTAL	1720	

Thank You

Sangam

E. & O. E.

- Goods once sold will not be taken back.
- Interest @18% P.A. will be charged if it is not paid presentation.

SIGNATURE