No. क्रमांक _____ Date. तिथि 24/06/24

Sold to M/s.
क्रेता सर्वश्री DCDC Hospital

| QNTY. संख्या | PARTICULARS विवरण | RATE दर | AMOUNT रकम Rs. | P. |
|---|---|---|---|---|
| (4) | Cylinder filled O2 B. Type | | 800 | |
| | Rikshaw expense | | 50 | |
| | TOTAL कुल जोड़ | | 850.00 | |

Goods once sold will not be taken back.
E. & O. E. भूल-चूक लेनी देनी

Signature हस्ताक्षर