

# CASH / CREDIT MEMO

From

No. : .....

Date : 29/02/2025

M/s: Nephrologist      Camp visit Expense

Description	Qty.	Rate	Amount
① Tea	150		150 - 00
② Aristeeis Prothlo	100		100 - 00

Thank You!

Total:

250 - 00

\* Goods once sold will not be taken back.

Issued by:

Received by:

