CASH / CREDIT MEMO

From

No. :

Date : 27/05/2018

M/s :

Description	Qty.	Rate	Amount Rs.	P.
Tab Lomefloxa	1	10	10	
Sling Band	1	50	50	
Capsules	1	110	110	
Flu				
Thank You!		Total	170/-	

DCDC KIDNEY CARE MATHURA DCDC-DISTRICT HOSPITAL

* Goods once sold will not be
E.&O.E.

Issued by _____ Received by _____