

RECEIPT

MOB: 8204322524

9386725648

DEV JAL

Water Order Supplier

Customer Name DC DC KIDNEY

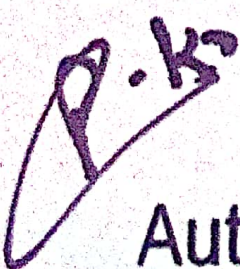
CARE DHANBAD

No. of Jar/Matka 35 x 30 = 1050

Returning Jar/Matka _____

Payment Due 1050

Payment Received _____

 Auth. Sig.

Customer Sig.

N.B: Contact for Party Order

