Details Of Supplier

M/s : D.C.D.C (Piyush)

Address : District Hospital Mainpuri

GSTIN : State ______ State Code ______

BILL FORM

TAX INVOICE

Details Of Receiver

Name : D.C.D.C

Address : District Hospital Mainpuri

GSTIN : State ______ State Code ______

No. 36

Date 25/10/2023

Description of Product/Services	HSN Code	Qty.	Rate	Value
HP Toner Refill 88A Original		01.	460/-	460=00
Thanks !			Total	460=00

DCDC KIDNEY CARE ★ MAINPURI ★ DCDC DIST. HOSPITAL

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

Signature