


CASH MEMO

Sold to क्रेता DC DC Kidney Care
Timmy Travel Expense

No. क्रमांक _____ Date तिथि 18-08-23

Qty. संख्या	Particulars विवरण	Rate दर	Amount ₹	रकम P.
1.	Local Travel Exp.		250	
2.	Bus Travel Exp.		500	
Gonty	Thank You ! धन्यवाद !	TOTAL कुल जोड़	750	

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

Signature / हस्ताक्षर